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Item 4 of the provisional agenda*

Draft country programme document**

Tajikistan

Summary

The Executive Director presents the draft country programme document for Tajikistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $6,405,000 from regular resources, subject to the availability of funds, and $20,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	2.8
U5MR (per 1,000 live births)	72
Underweight (%, moderate and severe)	...
Maternal mortality ratio (per 100,000 live births, 2001)	45
Primary school enrolment/attendance (% net, male/female, 2000)	100/99, 79/81
Primary schoolchildren reaching grade 5 (%, 2000)	94
Use of improved drinking water sources (%, 2000)	60
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old, 2000)	18
GNI per capita (US$)	180
One-year-olds immunized against DPT3 (%)	84
One-year-olds immunized against measles (%)	84

The situation of children and women

1. Tajikistan has the lowest income level of all the former Soviet republics. Its difficult geographical terrain is 93 per cent mountainous, it is landlocked and 70 per cent of its 6 million inhabitants live in rural areas. Tajikistan is one of the most disaster-prone countries in Eastern Europe and Central Asia, with high vulnerability to earthquakes, floods and landslides. Almost one half of the population is under the age of 18 years.

2. Tajikistan's complex political transition in recent years has led to geographical, political and economic fragmentation. After five years of civil war, the peace accord of 1997 improved security and provided a more conducive environment for development. Structural reforms and political stability have allowed the beginnings of macroeconomic recovery, with over 10-per-cent growth in gross domestic product (GDP) in 2002. Nonetheless, poverty affects 80 per cent of the population, with urban-rural, regional and gender disparities. A high level of external debt absorbs one half of government revenues and investment in the social sector has been reduced substantially.

3. Noteworthy government policy initiatives include the Poverty Reduction Strategy Paper (PRSP), the ratification of human rights conventions, the establishment of a National Commission on Child Protection (NCCP) and several positive legislative steps in the health and education sectors. A 2002-2004 National Strategic Plan in Response to HIV/AIDS and a plan on "Providing Equal Rights and Opportunities for Men and Women in Tajikistan for 2001-2010" were signed. Despite high-level political commitment, the actual implementation of the Convention on the Rights of the Child and Convention on the Elimination of all Forms of Discrimination against Women has been difficult, owing partially to a lack or resources and to low capacities.

4. Despite the improving economic and policy environment, the continuing crisis in Tajikistan is reflected in the country's declining social indicators over the last decade. Surveys show that the maternal mortality ratio may be much higher than the

official estimate because there are problems of underreporting and misclassification of maternal deaths. One half of pregnant women have no access to prenatal health care. Only 76 per cent of births are registered. While there is a large difference between official (19 per 1,000 live births) and survey data (89 per 1,000 live births) there is consensus that the infant mortality rate has risen. Just over one half of infants are fully vaccinated. There are high levels of diarrhoea (18 per cent) and chronic malnutrition (36 per cent) among children under five years of age. Micronutrient deficiencies are prevalent: one half of children under five years have vitamin A deficiency and 64 per cent of them have iodine deficiency disorders (IDD), and 50 per cent of children under five years and women of child-bearing age are deficient in iron. Just over one half the population has access to safe drinking water and sanitation remains a major problem in some regions, for example Gorno Badakhshan, which has only 18 per cent coverage.

5. The decline in social infrastructure and funding has lead to a 40-per-cent decrease in the number of pre-schools. Access to quality education at all levels, especially for girls, has been declining. While more information is needed, evidence points to a rising gender gap in higher grades. According to 2002 statistics, while the gender gap in the primary level is only 3 per cent, it increases ten-fold in the higher levels. Monthly pay of as little as $7 has given rise to emigration of many teachers. Only 19 per cent of schools have a parent teacher association. One fifth of the country's schools were totally destroyed during the civil war. As few as one half have clean drinking water and electricity. There is a shortage of teaching materials, and only 1 in 10 students has a full set of textbooks. There has been a significant increase in child labour, with some 3,000 children working on the streets of Dushanbe.

6. The collapse of the social safety net, linked to decreased funding and inadequate social welfare policies, has led to a higher number of children in need of special protection. As many as 11,000 children under 16 years are institutionalized even though one or both biological parents are alive. Institutionalization, rather than family-based childcare, is the primary means of social protection. An assessment revealed that 65 per cent of parents consider the use of physical punishment to be normal. Children experience violence in schools and institutions. Juvenile crime forms approximately 8 per cent of all crimes. More information is needed on domestic violence, sexual abuse, trafficking, disability and child labour. Poverty, lack of access to social services and information on victims' rights, and traditional practices make domestic violence difficult to address.

7. The prevalence of HIV/AIDS, a serious threat to Tajik youth, is much higher than the officially reported number of 119 cases, 60 per cent of which are young people aged 15 to 29 years. There is no surveillance system. Most HIV/AIDS infections are among young drug users. Young people aged 16 to 24 years, who comprise one fifth of the country's population, are vulnerable and have limited opportunities and access to information. Inaccurate knowledge about HIV/AIDS and sexually transmitted infections (STIs), growing poverty, unemployment, increasing drug use and violence and trends towards early marriage expose this age group to high risks. Access to quality life skills-based education and "youth-friendly" services is limited.

8. Tajikistan has a nascent civil society. There are 1,400-registered non-governmental organizations (NGOs), of which 128 are women's organizations and

500 work on children's issues, although few are active. The complementary roles of the government and NGO sectors are still being developed. Women's political participation is declining; women currently hold only 16 per cent of parliamentary seats and constitute one fifth of the executive and the judiciary.

9. The Common Country Assessment (CCA) identified declining access to quality basic social services as the core issue facing Tajikistan, and this is the thread that binds together the country's many challenges. On one hand, it is reflected in the rising gap between social policies and their actual implementation. Institutional mandates are not sufficiently clear, decision-making is highly centralized and opportunities for public participation are limited. The efficiency of state institutions is hampered by the low capacity and morale of civil servants. Inadequate data and weak analytical capacities impede monitoring and evaluation. On the other hand, although the country has a high literacy rate, it is not translated into informed caring practices for children by their caregivers. This is a legacy of the past system, as well as a result of socio-cultural practices, poor child-rearing and hygiene practices, gender discrimination, inadequate psychosocial stimulation of children and reluctance to seek care for children. While more needs to be understood, an outdated educational system, which does not encourage critical thinking, together with traditional values and norms, contributes to this gap. Limited access to information and low coverage of children's issues in the national media are other factors. Awareness of human, children's and women's rights is low. Community initiatives, through organized civil society action, are only beginning to occur, for example, the Children's Water Forum and Youth Forum on HIV/AIDS, both held in 2003.

10. Poverty continues to persist because of the effects of the damaging five-year civil war, the loss of fiscal support from the former Soviet Union, a poor taxation system, lack of industry and agricultural development, migration and recurrent disasters. It particularly affects rural and female-headed households and is concentrated in some regions, e.g., Khatlon, where 46 per cent of the population live in poverty. The share of development expenditures as part of GDP has declined from a high of 20 per cent in the 1990s to as low as 5 per cent in 2001. As a percentage of GDP, allocations for the health sector stand at 1 per cent and for education at 2.6 per cent.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

11. The previous country programme aimed to reduce infant and maternal mortality and the prevalence of micronutrient deficiencies; to improve children's learning environments; to increase school attendance and reduce drop-out rates; to promote a child protection system; and to raise awareness among young people on HIV/AIDS and healthy lifestyles. Reversing declining social indicators was too ambitious to be achieved in one programme cycle, although the country programme successfully managed to make progress in terms of service delivery and policy commitment towards rights-based social sector reform. The programme supported the formulation of the National Plan of Action, through the NCCP under the Prime Minister's Cabinet. Children participated in the process through the Child Reference Group, which gives children, nominated by children's clubs from different parts of

the country, the opportunity to participate in discussions with government officials and to express their own views and opinions.

12. As part of its partnership with the Global Alliance for Vaccines and Immunization, UNICEF supplied all routine vaccines for the national immunization programme and contributed to improving the cold-chain system. As a result, the coverage rates for measles vaccine and three doses of combined diphtheria/pertussis/tetanus vaccine reached 84 per cent. Tajikistan was certified polio-free in 2002 with support to the Ministry of Health from the Government of Japan, the United States Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

13. A causal analysis of infant mortality highlighted the inconsistency in official statistics related to the use of a non-standard definition of live births. As a result, new policies were adopted on the promotion of effective perinatal care and the international definition of live births. With technical support from CDC and the United States Agency for International Development (USAID), an implementation plan was established for reliable monitoring of infant and child mortality.

14. UNICEF contributed to the development of a policy and strategy for vitamin A supplementation and led the efforts to provide vitamin A to all children under five years, as during the supplementation campaign held in December 2003. Effective advocacy supported the passage of a law on universal salt iodization in 2002.

15. A holistic approach of "child-to-child" hygiene education, alternative water supply systems and rural latrine technology, tested in 200 schools, has now been adopted by the Government for expansion. Education reform based on child rights has been incorporated in the National Plan of Action for Education for All.

16. Resources mobilized through the Consolidated Appeals Process, contributed significantly to implementation of activities in the areas of maternal and child health (MCH), water and environmental sanitation and education.

17. UNICEF supported reform of the child welfare system through the establishment of two child rights departments mandated to provide social welfare support to families at the community level. This has facilitated the transformation of residential care institutions for children and the establishment of alternative care services.

Lessons learned

18. In order to maximize the impact of social policies, it is imperative to promote decentralized decision-making and the capacity development of local officials. It is only through decentralized approaches that national policies are effectively implemented at subnational level so that disparities are reduced. Examples include the establishment of a child rights department in Gafurov district of Sughd province, in line with broader social policy reform for child rights which was made possible and accelerated by decentralized commitment and response to community needs.

19. Improved data collection and analysis that strengthen government decision-making and policy formulation are necessary and powerful tools. Studies undertaken by the Government with technical assistance from UNICEF, such as the multiple indicator cluster survey (MICS) (2000), assessment of water and environmental sanitation (2002), nutrition and infant mortality surveys (2003) and the girls'

education study (2003), have contributed to improved monitoring and evaluation as well as planning and analytical capacities and the overall understanding of the problems of children and women.

20. When children and young people are mobilized around issues affecting them, they bring a fresh perspective and new solutions to old problems. The Children's Water Forum, which was organized in parallel to the Dushanbe International Fresh Water Forum in August 2003, provided children and young people with the opportunity to voice concerns and contribute to identifying appropriate actions as shown in the Children's Water Manifesto, which was included into the President's Declaration at the Forum. It is particularly important to provide opportunities to girls, marginalized children and minorities.

The country programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Maternal and childcare	1 700	8 000	9 700
Quality basic education for all	1 480	6 000	7 480
Young people's health and participation	650	3 000	3 650
Social policy reform and child protection	650	3 000	3 650
Cross-sectoral costs	1 925	-	1 925
Total	**6 405**	**20 000**	**26 405**

Preparation process

21. Within the context of a harmonized programme process, the formulation of the country programme started with the CCA and the United Nations Development Assistance Framework (UNDAF), which reflect the Millennium Development Goals and are consistent with the national priorities of the PRSP. The United Nations country team prepared the CCA in consultation with the Government and national and international civil society organizations. The particular contribution of UNICEF was in social sector analysis and incorporation of the goals of *A World Fit for Children* in the process.

22. The new country programme emerged from a broad consultative process, guided by a rights-based analysis and with participation of government and other key stakeholders. The programme's content was guided by the UNICEF medium-term strategic plan (MTSP). The approach and strategy was shared with United Nations partners and the Government at the NCCP's National Conference on Children in December 2003, chaired by the Deputy Prime Minister. The Joint Strategy Meeting, held in March 2004 with United Nations agencies and government counterparts, endorsed both the UNDAF and the UNICEF country programme.

Goals, key results and strategies

23. The country programme will contribute to the realization of children's and women's rights to survival, development, participation and protection, as Tajikistan moves from a humanitarian to a development phase. The major thrust of the programme will be to ensure that the development priorities of the public sector take into account the rights and needs of the most vulnerable. The new country programme will focus on fewer key issues to optimize limited resources. These key issues were identified in the context of the UNDAF and national priorities and are based on: (a) the comparative advantages of UNICEF grounded in national and local experience; and (b) important areas which are not addressed by other agencies.

24. The major results pursued by the country programme will be: (a) improved policies and strengthened national systems, coordination and standards in key programmes affecting children; (b) increased access, quality and gender parity of basic social services; (c) improved governmental and non-governmental capacities to facilitate young people's participation; and (d) supportive child-care alternatives for a safer and more protective environment for children at the community level.

25. To achieve the goals, the country programme will pursue the following strategies developed to support the UNDAF. UNICEF will support political commitment to children and women's concerns in the area of social policy reform, in compliance with national priorities and international conventions. To address the existing gap between policies and implementation and raise demand for quality services, the country programme will facilitate intersectoral coordination of service provision to maximize the impacts of intervention on children. Planning and implementation will be brought closer to families and communities and, in doing so, support decentralization. Partnerships will be further fostered with United Nations agencies, the international financial institutions and bilateral agencies, so as to harness growing donor interest. UNICEF will assist the Government in strengthening development coordination mechanisms and will build alliances to engage civil society in action for children and women.

Relationship to national priorities and the UNDAF

26. The country programme recognizes the risks faced by Tajik children as identified in the CCA and builds on it and the mid-term review (MTR) of the previous programme, in the context of the Millennium Development Goals, the PRSP, the UNDAF and the MTSP.

27. Tajikistan's PRSP identifies the following areas of action: efficient governance; targeted support to the poorest; efficient and fair provision of basic social services; equitable and rapid growth; and sound economic management and efficient public administration. The UNICEF programme forms an integral part of the first three areas.

28. The CCA emphasizes that poverty has to be analysed in a broader perspective. A causal analysis, which was part of the CCA preparation process, reflected five developmental challenges: increased access; institutional reform; decentralization; capacity-building; and data analysis and evaluation. Built upon the above, the UNDAF has four priority areas of cooperation: "reversing declines", "overcoming mountains", "transforming livelihoods" and "redistributing responsibilities". Of the eight identified UNDAF outcomes, the UNICEF programme will support those

relevant to health, nutrition, education, child protection, gender parity and HIV/AIDS. UNICEF will coordinate its work with that of other United Nations agencies to ensure maximum synergy.

Relationship to international priorities

29. The programme of cooperation, through addressing the five MTSP priorities, will contribute to the achievement of the Millennium Development Goals and the outcomes of *A World Fit for Children*. It will assist the Government in meeting its international obligations under the Convention on the Rights of the Child and Convention on the Elimination of all Forms of Discrimination against Women. Poverty reduction will be pursued through improving access to basic social services.

Programme components

30. In the four programmes described below, there will be strong focus on strengthening the planning and implementation capacities of local governments. This experience will be fed into national policy-level initiatives. At the national and provincial (*oblast*) levels, increased intersectoral linkages and convergence will be promoted, both within the sectoral programmes and with implementing partners. With a focus on capacity-building for disaster preparedness, the country programme will mainstream emergency response and preparedness. UNICEF will continue to be a key member of the Response to Emergency Assessment Country Team ("REACT"), coordinated by the United Nations Development Programme (UNDP).

31. At national level, the country programme will contribute to policy development. It will also support both national and subnational interventions. At national level, UNICEF assistance will contribute to national policy development and formulation, the setting of technical standards and norms for service delivery, and support to key nationwide service interventions such as immunization. At subnational level, the assistance will be targeted to 15 districts, selected based on a clear set of criteria including the rates of poverty and access to social services, and ongoing programmes and partnerships. Approximately 500,000 children, young people and women will be reached through these activities, which are coordinated throughout all sectors.

Maternal and childcare

32. The programme will address some of the underlying causes of high mortality and poor nutritional status of children and women, specifically inappropriate family health-care knowledge and practices, and the deteriorating management capacities of the primary health-care (PHC) system. These are the main factors which lead respectively to delays in seeking care and the inadequate quality of MCH services.

33. The key results expected from this component are: (a) 70 per cent of families and other caregivers to have improved their knowledge and practices on integrated early childhood care in the 15 target districts; (b) the same families in the same locations to have access to improved quality services; (c) 80 per cent of pregnant women in the target districts to have access to antenatal care and professional birth attendance; and (d) 90-per-cent routine immunization coverage to be achieved and maintained in all the regions of the country.

34. The programme will follow a three-tiered approach. First, at the community and family levels, in the 15 selected districts, emphasis will be placed on improving proper child-care practices, with a focus on empowerment of primary child-caregivers, especially young families, but also explicitly involving elders in the community. Attention will also be given to the Integrated Management of Childhood Illness, birth registration and appropriate nutrition.

35. Second, at the institutional level, PHC, including immunization services and outreach, will be strengthened with the development and adoption of a minimum PHC package at the national level. Other resources funding will support these interventions. These will be complemented by capacity-building of local health authorities in planning, implementation and management. At the community level, UNICEF will partner with civil society and the media to address gaps in information and to reinforce good care practices. Strengthening institutional capacities for service delivery contributes to political commitment in the rights-based social reform process.

36. The third level of action will be national policy development to standardize quality MCH services, including prevention of mother-to child transmission of HIV, with emphasis on capacity-building and financial sustainability. For preparation of nationally standardized training curricula and strengthening of the PHC system, UNICEF will work closely with the United Nations Population Fund (UNFPA), the World Bank and WHO. In partnership with the Asian Development Bank, CDC and WHO, UNICEF will work at the national level for adoption and reinforcement of laws and regulations for salt iodization and flour fortification. A special effort will be made to support implementation of the International Code of Marketing of Breast-milk Substitutes. At the policy level, UNICEF will work closely with the Ministry of Health, CDC, UNFPA and WHO.

37. Regular resources will be used to implement the above-mentioned priority activities, with particular focus on the most essential service delivery components such as immunization. With other resources, the country programme will extend its outreach to a greater number of families and communities in the 15 target districts and focus on more innovative components for enhanced impact at the community level and better parenting practices.

Quality basic education for all

38. This programme will seek to reverse the declining demand for girls' education and stem the increase in drop-outs, especially after fourth grade. It will do so by addressing the impediments and constraints that encourage low enrolment and drop-outs and by improving the capacity of the educational system to provide quality education (with an improved school environment, processes, content and learning outcomes), and accelerate progress in education reform.

39. The following key results are expected to be achieved: (a) strengthened national capacities in policy planning and analysis which support rights-based education reform; (b) 90 per cent of children to attend and complete basic education up to grade five, with reduced gender disparity in the 15 target districts where completion rates are below the national average; and (c) 35 per cent of schools in the 15 districts to have improved sustainable water supply and sanitary facilities and better hygiene practices, especially suitable for girls.

40. At the community level, the programme will seek to improve school management and classroom environments in selected schools and with community, parent and children participation. Better access to safe drinking water and improved hygiene practices will contribute to increased attendance, especially by girls. The programme will build partnerships between local authorities and civil society in the implementation of community-based initiatives.

41. At the national level, the programme will advocate for participatory approaches to learning that are gender-sensitive and child-centred. This will lead to increased national and subnational awareness, and political commitment for systemic change in support of girls' education; will strengthen the accountability and responsiveness of all partners; and result in improved allocation of resources. At the national and subnational levels, the programme will build relevant capacities of policy makers and local authorities, including improving teachers' skills and supporting innovative community-driven innovative interventions. This experience will be documented and used as an advocacy tool for scaling up by the Ministry of Education. The partnership with UNDP, the World Bank, the World Food Programme and NGOs will expand the newly adopted rural technology for school water and sanitation facilities. UNICEF will join efforts to develop the analytical and monitoring capacities of the Ministry of Education in partnership with the Asian Development Bank and the German Agency for Technical Cooperation (GTZ), including for a national education management information system.

42. With regular resources, the country programme will undertake all of the above key activities, especially national policy development and advocacy for rights-based education reform. With other resources, it will extend its outreach to a greater number of schools in the 15 districts and support additional interactive education and hygiene-related activities, with a focus on children's participation, especially girls.

Young people's health and participation

43. The programme takes place in an environment where families, service providers and decision makers may have stereotypes about young people, do not sufficiently understand problems affecting them, or do not appreciate the potential contribution they could make to society. It will provide young people with opportunities to participate actively in civil society and enable them to make appropriate decisions affecting their lives.

44. Key results to be achieved are: (a) increased opportunities for children and young people to affect decisions in institutions and express their views in matters that concern them; (b) in the 15 selected districts, 90 per cent of young people who are in school to have acquired better knowledge and skills to protect themselves from HIV/AIDS, STIs and drug use; and (c) in the same 15 districts, 40 per cent of young people to have access to quality "youth-friendly" services, with a focus on the especially vulnerable.

45. The programme will strengthen collaboration with the Government, the media and local NGO networks, especially young people's NGOs, to promote child rights and young people's participation. Advocacy and communication will focus on reducing discrimination and the stigma of HIV/AIDS. This will be done specifically through a national communication strategy plan and activities that are related to healthy lifestyles. Life-skills-based education will be integrated into formal and

non-formal education. The programme will expand access to information and knowledge on HIV/AIDS, STIs and substance abuse for behavioural change. It will also build relevant skills and support safe behaviour, as well as promote the development of "youth-friendly" services. Targeted interventions for especially vulnerable children and young people will be mounted.

46. UNICEF, with UNDP and UNFPA, will assist the Government to strengthen the national strategy on HIV/AIDS, including the development of a national framework and curricula on life-skills-based health education and "youth-friendly" services, with special focus on HIV/AIDS. UNICEF will work to strengthen NGOs and together with UNDP, UNFPA, the United Nations Office on Drugs and Crime, the World Bank, WHO and USAID, will contribute to improving policies for young people and inter-ministerial coordination.

47. With regular resources, the programme will focus on national policy and leveraging of activities. Other resources will be used to extend outreach to a greater number of youth, in particular especially vulnerable young people, in the 15 districts and activities to raise nationwide awareness of stigma and discrimination issues.

Social policy reform and child protection

48. The highly centralized social welfare system and the absence of community-based alternatives that respond to families facing social risks are key concerns in child protection. Many children are deprived of a family environment, while a large number of children with disabilities reside in communities without having access to health care and education. Policy makers, service providers and community leaders lack the capacities needed to address these issues.

49. The main results to be achieved include: (a) national norms and standards for decentralized support for child protection; and (b) in the 15 selected districts, support systems for child protection established through local governments.

50. The programme will support social policy reform for child protection. This will entail working towards a protective environment for vulnerable children which is supported by local-level social structures with the required capacities and skills, including social-work functions. Such local-level mechanisms will be backed up by national-level policy reforms. In selected *oblasts* and municipalities (*rayons*), a model for transforming residential institutions into community-based social-work centres and/or day-care centres will be developed. Community initiatives will be supported, in partnership with civil society and the media, to promote social integration of children. Special attention will be given to girls. The situation of child labour and children with disabilities will be analysed further by the NCCP and relevant ministries. In this effort, budgetary re-allocations, inter-ministerial coordination and decentralization are critical to strengthening alternative services to institutionalization at both subnational and community levels.

51. In a partnership with the Swedish International Development Agency and Stockholm University, UNICEF will support reform of the child protection system. UNICEF, in close partnership with UNDP, the World Bank and the European Commission, will advocate for more effective resource allocation and pro-child policies.

52. Regular resources will be used to support establishment of norms and guidelines for social work functions for the protection of children at risk. Other

resources will be used to expand and cover a larger percentage of children and women in need of social protection measures in the 15 target districts and to increase support to strengthening civil society (including NGOs) working on child rights.

53. **Cross-sectoral costs** will cover recurrent costs including office rent, utility bills, vehicle maintenance costs, security and communications, as well as the salaries and related costs of staff performing cross-cutting functions.

Major partnerships

54. Partnerships with local and international media will strive at building awareness and understanding of issues related to Tajik children and women's rights. Civil society will play an advocacy role in monitoring the implementation of these rights and in reaching communities with rights-based information. Other multilateral and development partners will advocate for policies for more effective resource management and mobilization. This will be done within the new simplification and harmonization process of the United Nations. UNICEF Tajikistan will continue to work with National Committees for UNICEF, other United Nations agencies, the international financial institutions and other donors. Partnerships with children and adolescents will be enhanced to ensure that programmes are based on the experiences of children as follow-up to the General Assembly Special Session on Children.

Monitoring, evaluation and programme management

55. The country programme results matrix will be the main framework to monitor progress. Key indicators to assess progress and measure results are: infant and under-five mortality rates; immunization coverage; the prevalence of IDD and iron and vitamin A deficiencies; the number of children reaching grade five; the rate of access to safe water and hygienic sanitation facilities in schools; the rate of young people's access to "youth-friendly" services, including information on HIV/ADS; the prevalence rate of HIV/AIDS, the percentage of parents having access to better parenting information; and the number of children with access to non-institutional child protection services at subnational level. Institutional mechanisms will be created for regular review of the programme. The capacities of the Government and non-governmental partners to foster more transparent monitoring systems will be developed. An annual planning cycle will include year-end reviews, in coordination with key partners, including other United Nations agencies.

56. Monitoring, research and evaluation activities for the country programme will be coordinated through the integrated monitoring and evaluation plan (IMEP). A MICS will be carried out in 2005. A monitoring and evaluation group will provide overall guidance and monitor outcomes in line with the UNDAF and the IMEP; update country programme evaluations and monitor their utilization for programme modifications. The technical group will also work closely with the Government to develop monitoring guidelines and social-sector databases for rights-based and gender-sensitive programming. The *DevInfo* system will be the main tool for the reporting on progress towards the Millennium Development Goals.

57. Evaluations will aim to improve learning and team-building both internally and externally. Programme evaluations will be guided by UNICEF evaluation standards. The MTR of the country programme will take place in 2007 and UNICEF

will support the evaluation of UNDAF in 2008, in collaboration with United Nations agencies and national partners.

58. Under the support budget approved by the Executive Board in 2003, UNICEF Tajikistan has been upgraded to a full country office, and the office's human resources have been strengthened.

59. The NCCP will have overall responsibility for coordination of the UNICEF programme of cooperation, with support from Ministry of Foreign Affairs.

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Draft country programme document**

The former Yugoslav Republic of Macedonia

Summary

The Executive Director presents the draft country programme document for the former Yugoslav Republic of Macedonia for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,060,000 from regular resources, subject to the availability of funds, and $10,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

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Primary school enrolment (% net, male/female, 2000)	92/92
Primary schoolchildren reaching grade 5 (%, 1995)	95
Use of improved drinking water sources (%)	..
Adult HIV prevalence rate (%)	<0.1
Child work (%, 5-14 years old)	..
GNI per capita (US$)	1 700
One-year-olds immunized against DPT3 (%)	96
One-year-olds immunized against measles (%)	98

* Age group 6-19 months.

The situation of children and women

1. Since gaining independence in 1991, The former Yugoslav Republic of Macedonia has successfully avoided the extreme emergencies and inter-ethnic violence that raged through the successor States of the former Yugoslavia. A political settlement of the inter-ethnic conflict in 2001 was established through the General Framework Agreement for Peace, known as the Ohrid Agreement. However, the conflict exposed pronounced ethnic tensions in the country, especially between the large ethnic Albanian minority and ethnic Macedonian majority. Stability has been re-established but is somewhat fragile because of the country's multi-ethnic makeup and diverse social and cultural values and traditions. Ethnic Macedonians represent 67 per cent of the population, followed by ethnic Albanians (23 per cent), Turks (4 per cent), Roma (2 per cent), Serbs (2 per cent) and other groups (2 per cent).

2. Since independence, the country has been struggling to cope with the economic, social and political consequences of transition. Against a backdrop of economic decline, political instability, ethnic tension and insecurity, successive Governments have implemented structural reforms to transform the centrally planned system into a market economy. The post-independence economic crisis, coupled with transition, have adversely affected the situation of people living in poverty, particularly the socially excluded and vulnerable. The conflict of 2001 has had lasting effects and the economy has been growing slowly at an average of 0.7 per cent since 2002. Almost 22 per cent of the population live below the official poverty line of $1.7 per day, two thirds of them in rural areas. The unemployment rate reached 32 per cent in 2002. The Roma community has the highest levels of poverty, with unemployment rates often exceeding 90 per cent.

3. The decentralization of the central Government presents a challenge for increasing the capacity and accountability of service providers. Public service institutions have been overburdened in coping with the transition. Especially where

poverty is most severe, there is a lack of community participation in demanding and shaping social services. However, decentralization also offers an opportunity to orient social services to the vulnerable.

4. Despite reduced public service investment throughout the transition decade, most indicators of child well-being show positive trends. According to recent government estimates, the under-five and infant mortality rates dropped from 35 and 32 per 1,000 live births in 1990 to 12 and 10 respectively in 2002. A declining neonatal mortality rate, estimated as 8 per 1,000 live births, represents 66 per cent of all infant deaths. The perinatal and maternal mortality rates have however remained relatively constant over the last 10 years. There is limited information available on vitamin A and iron deficiencies. Progress in child survival has been attributed to high levels of immunization coverage, improved treatment of acute respiratory infections and diarrhoeal diseases, and increased exclusive breastfeeding.

5. Pre-school facilities remain concentrated in urban areas and the enrolment rate has been static at 12 per cent since 1990, partly due to low investment in infrastructure. The primary-school enrolment rate is 92 per cent and the number of children entering secondary education is increasing. Drop-out rates for the primary cycle are low (approximately 2 per cent), but increase (up to 10 per cent) among Roma and rural groups in some regions. The quality and relevance of education has deteriorated due to inadequate standards of teaching and learning. However, the country's persistent effort to join the European Union (EU) presents an opportunity to raise the standards of social services in general, and of basic education in particular, to EU standards.

6. Behind this overall positive national picture are pronounced disparities in health and nutritional status, and in primary- and secondary-school enrolment and completion, particularly among minorities, the Roma, children with disabilities and rural residents who live in poverty. The Common Country Assessment (CCA) concluded that basic services do not work well and fail to adequately meet the needs of users, especially the young, the poor and other vulnerable groups, and that there is a lack of well designed government public policies to effectively target poor and vulnerable segments of the population. Social policies are an essential ingredient of a successful transition process.

7. There has been a breakdown of traditional norms and values during the prolonged social and economic transition. Various studies reflect a higher incidence of violence in and out of school, increasing numbers of children in conflict with the law and rising rates of alcohol and substance abuse. Faced with the erosion of former institutional preventive structures, the country has been slow in adapting its legal system and formulating practical responses to these emerging issues.

8. Although official figures indicate that the number of HIV/AIDS infections remains below 100, inadequate surveillance systems likely mask real figures. The country is vulnerable to a rapid increase in HIV infection due to several factors including the combined impact of economic and social transition, regional conflict and geographic location along routes used for drug and human trafficking, and rising infection rates in the region. Several studies conducted by UNICEF, including a rapid assessment and response on HIV/AIDS among especially vulnerable young people, have highlighted young people, especially the most vulnerable among them, at risk of HIV infection. This vulnerability is due to high levels of unprotected sex, rising rates of substance and drug use, increasing commercial sex work and

trafficking of women and girls. Established services are not tailored to respond to the needs of young people.

9. The former Yugoslav Republic of Macedonia is a transit route for human trafficking from Eastern to Western and Southern Europe. With the deterioration of state services and the absence of community-based mechanisms, domestic violence and child abuse are underreported and often ignored. Although child rights are incorporated into national legislation, enforcement and application of laws remain weak.

10. Juvenile delinquency is regulated through the Criminal Code, which only sanctions and punishes perpetrators and does not offer any alternative measures or measures on prevention, recovery and reintegration. The Committee on the Rights of the Child recommended that the country consider relevant reforms of juvenile justice policy and practice in accordance with the Convention on the Rights of the Child and other international standards.

11. Available data in 2002 show that there are still several hundred children and adolescents in public institutions. These children are deprived of parental care, as are children with disabilities sheltered in public institutions. The need for inclusion of these children in schools and society remains a serious concern. The Committee on the Rights of the Child recommended that the country further develop legislation supporting foster care and strengthen community services.

12. There is a significant gap in baseline data on child protection issues. No comprehensive situation analysis has been undertaken to measure the extent of the problem. Violence, exploitation, abuse, neglect and discrimination are often associated with criminality and corruption and have a degree of private tolerance and public denial.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

13. The previous country programme aimed at ensuring that children and youth, especially girls, minorities and children with disabilities, have access to information and quality social services and that alliances are broadened to promote children's rights. As part of rehabilitation efforts following the conflict of 2001, 150 schools were reconstructed and provided with classroom furniture and textbooks. In the region affected by the conflict, vaccines to immunize children and basic health equipment, kits and drugs were provided by UNICEF to 300,000 people.

14. The rate of exclusive breastfeeding at age six months increased from 8 per cent in 1994 to 66 per cent in 2001. This was the result of 90 per cent of babies being born in a certified "baby-friendly" maternity unit and the incorporation of the International Code of Marketing of Breastmilk Substitutes into national legislation. Reassessment visits were conducted in maternal hospitals in 2002 to monitor the sustainability of progress. The elimination of iodine deficiency disorders was certified in 2003 owing to effective multisectoral collaboration, the monitoring and control of salt importation and enforcement of legislation. It also underscored the commitment of the Government to this effort.

15. Near universal immunization coverage was sustained, with the Government planning to assume responsibility for all vaccine procurement in 2005.

16. The *Lifestart* initiative was introduced as a cost-effective, community-based way to improve parenting of young children. At group meetings, parents and families learned knowledge and skills on how to stimulate their young children in their early years. *Lifestart* was implemented in all 33 of the country's municipalities and was supported by local non-governmental organizations (NGOs) and communities. The initiative has provided a valuable alternative to limited pre-school education.

17. The *Right to Know* youth communication initiative for HIV prevention, launched in 2002, applied participatory action research and communication to reach young people for behavioural change. Vulnerable groups were specifically included. Innovative means of communication such as youth theatre and photography were used to discuss and research attitudes on sensitive issues of HIV and sexuality. Approximately 850 young people participated directly in the different activities, the large majority of whom had never been exposed to prevention messages or been part of HIV prevention activities in the past.

18. Progress in de-institutionalization has been the result of policy and legal reform, coupled with the creation of community-based day-care centres. It has also benefited from training and support for families that facilitated the transfer of children from state institutions to foster families. The intake of disabled children into institutions has almost ceased and a growing number of children are now cared for by foster families.

19. A national strategy on HIV/AIDS was prepared by the National Multi-sectoral HIV/AIDS Commission, with support from the United Nations theme group on HIV/AIDS. The strategy is based on the findings of a situation and response analysis completed in early 2003. The strategic framework will guide the design and implementation of interventions within the governmental and non-governmental sectors, and serve as the basis for monitoring and evaluating the effectiveness of the national response.

Lessons learned

20. A 2003 evaluation of the *Lifestart* initiative confirmed the children who had taken part in the programme performed better in the first grade of primary school than children who had not attended an early childhood programme, that mothers acquired updated parenting skills, and that fathers participated more in child-rearing. At group gatherings, parents also discussed other issues of common concern, and in this way the initiative provided a means for community development.

21. An evaluation of the interactive learning project found a positive impact on children's classroom learning achievements. The strategy of piloting activities, backed with intensive advocacy in order to take the activities to scale through the national teacher training institute, proved successful. This has been recognized as a key contributing factor to the general improvement of on-campus teaching and learning throughout the country.

22. An evaluation of the *Right to Know* initiative concluded that young participants were highly motivated by the interactive approach of the project and the opportunity to discuss their opinions without fear of reprimand or embarrassment.

The project was effective in disseminating messages on HIV prevention through peer education but also from child to parent, and through an increase in general public interest and attention.

23. Although gains in child survival have been sustained, the pattern of mortality has become more complex. With neonatal mortality comprising two thirds of total infant mortality and perinatal mortality remaining constant, new and diverse strategies need to be explored to further improve child survival in line with the Millennium Development Goals.

The country programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Social policy, monitoring and evaluation	800	2 000	2 800
HIV/AIDS prevention and young people's health	650	2 500	3 150
Child protection	650	3 000	3 650
Early childhood development and education	650	2 500	3 150
Cross-sectoral costs	310	-	310
Total	**3 060**	**10 000**	**13 060**

Preparation process

24. The planning process for the new programme commenced with the preparation of the CCA which, inter alia, provided an analysis of the immediate, underlying and basic problems facing women and children. Consultations were organized with the United Nations Development Programme (UNDP), the World Health Organization (WHO), other donors and government counterparts to gain consensus on priority areas to be addressed in the United Nations Development Assistance Framework (UNDAF). UNICEF participated in the preparation of the CCA/UNDAF. The UNICEF programme strategies were derived from the UNDAF priority areas, and prepared on the basis of the comparative advantages and past experience of UNICEF in consultation with national counterparts and other partners. The Joint Strategy Meeting, held in March 2004 with the Government and other United Nations agencies, endorsed the UNDAF and the proposed UNICEF country programme.

Goals, key results and strategies

25. Within the national context of promoting decentralization and pursuing EU integration, the country programme aims to support the realization of children's rights to survival, development, protection and participation, especially among the socially excluded and vulnerable. In order to reduce disparity, the programme will sharpen its focus on social policy development and concentrate on demonstrating successful models and approaches that can be scaled up by the Government and other partners.

26. The country programme will ensure that during the process of decentralization and EU integration, the development and implementation of social policies are oriented to the socially excluded and the vulnerable. The availability and quality of data will be increased to better inform programming. Social awareness of child rights will be enhanced through extended advocacy. Legislative and judicial systems will be strengthened to ensure a protective environment for children.

27. Services to protect children from abuse, discrimination and exploitation will be accessible to children and families. Likewise, the development of "youth-friendly" service models will ensure that young people have access to information and health and social services to prevent HIV/AIDS, including especially vulnerable young people. The primary-school drop-out rate of girls in rural areas and among Roma will decrease to the national average of 2 per cent, and the *Lifestart* initiative will be expanded. Children and women, especially the socially excluded and the vulnerable, will have improved access to quality health services, such as immunization, antenatal care, emergency obstetric care and prevention of mother-to-child transmission of HIV.

28. The programme of cooperation will be implemented by building the capacities of decision makers, service providers, community leaders and families so they are better equipped in ensuring child survival, development, protection and participation. Advocacy for the rights of children and women will raise awareness and bring about legislation and policy reform. Participation of children and young people will form the basis for an expanded partnership.

Relationship to national priorities and the UNDAF

29. Accession to the EU is an overarching national priority for The former Yugoslav Republic of Macedonia. The Stabilization and Association Agreement signed with the EU in 2001 is shaping the course of national development by ensuring the adoption and respect of democracy and human rights, minority rights, international law principles and the rule of law. Similarly, the Ohrid Agreement provides a national framework for peace, security and sustainable development, especially in ensuring the rights of minorities and promoting decentralization of government functions.

30. The above framework guided the preparation of the UNDAF. The UNICEF programme was derived from the UNDAF and aims to contribute directly to the national priorities of stability and sustainable development. Of the four UNDAF outcome areas, namely governance, poverty reduction, basic services and natural resources protection and management, UNICEF will contribute to the first three, and will focus especially on ensuring equity and access to quality basic services (health, education, social welfare, HIV/AIDS prevention), especially for socially excluded groups.

Relationship to international priorities

31. The country programme will contribute to the realization of the commitments set out in the Millennium Development Goals to achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, and combat HIV/AIDS. Under the UNDAF, the preparation of the country programme was guided by the UNICEF medium-term

strategic plan and the outcome document of the Special Session on Children, *A World Fit for Children*.

Programme components

Social policy, monitoring and evaluation

32. Within the country, there is a significant lack of quality disaggregated data and low analytical capacity to inform policy-making and planning for children and women. There are also insufficient monitoring and evaluation mechanisms to measure progress nationally. The awareness of and commitment by the Government and civil society to the rights of the child need to be strengthened.

33. Decentralization and the pursuit of EU integration present both a challenge and an opportunity to develop and implement social policies to reduce disparities. The programme will sharpen its support to influence policy dialogue and development so that social policies are more oriented towards the socially excluded and the vulnerable. Support will be provided to cross-sectoral collaboration, and to the development of a national plan of action for children, national immunization and education plans, safe motherhood policies and health sector reform. Standards and norms for such key areas as safe motherhood, early child development, and "child-friendly" school standards will be adopted and implemented to enhance professional competence and conduct.

34. Basic surveys and research will be conducted to fill data gaps and to further understanding of selected issues, such as vitamin A and iron deficiencies, child abuse and violence. The knowledge gained through surveys and research will inform policy and programme development.

35. The programme will support government counterparts in their efforts to collect and analyse data, and to monitor progress against the Millennium Development Goals. *DevInfo* will be introduced to assist in the process of monitoring. A multiple indicator cluster survey will be conducted in 2005 for the first five-year review of progress towards the goals of *A World Fit for Children*. The results of this survey will be used to report on child-related Millennial goals. Selected thematic evaluations will be conducted to document lessons learned and best practices.

36. Evidence-based advocacy will be framed within the context of a strengthened commitment to the Convention on the Rights of the Child, the Millennium Development Goals and the goals of *A World Fit for Children*. Quality data analysis and increased knowledge of children's issues will provide a solid basis for advocacy and effective communication. Partnerships with mass media will be strengthened to enhance awareness of child rights among the general public. Children and young people will participate in national media to become credible conveyers of information and influential shapers of opinion on issues affecting their lives.

37. Public commitment to the realization of child rights and the participation of children in decision-making processes will be enhanced through partnerships with local communities, mayors and civil society. The private sector will be engaged to support initiatives for the well-being of children. National celebrities will also be mobilized to champion child rights.

38. The cross-sectoral nature of this programme requires close collaboration with all related government ministries, the State Statistical Office, the donor community, local municipalities, the media and the general public. Regular resources will be used for capacity-building in data collection, analysis and use; policy dialogue and development; and advocacy and communication. Other resources will allow expansion of the scale of the programme and be used for surveys, research and thematic evaluations.

HIV/AIDS prevention and young people's health

39. Nearly one third of the population is under the age of 18 years, but young people, especially those from socially excluded groups, do not have adequate access to information, skills and supportive services to protect themselves from HIV infection. Existing health and social services do not respond to the concerns and lifestyle of young people or encourage their participation, thus increasing their vulnerability. There is a lack of reliable information on the attitudes and behaviours of young people identified as being at risk of HIV infection, including injecting drug users, commercial sex workers and trafficking victims.

40. The programme will contribute to enhancing life skills, and improve access to information and services for young people to protect themselves from HIV through, for example, SOS help lines and peer education and communication, especially targeting the most vulnerable. Youth communication initiatives will be developed with young people to enable them disseminate information on healthy lifestyles and HIV prevention to their peers.

41. "Youth-friendly" concepts will be introduced into existing social and health services. Social and health professionals will be able to offer standardized voluntary counselling and testing, and promote healthy lifestyles. Social awareness will be raised on issues related to parent-to-child transmission of HIV and UNICEF will advocate for integration of relevant interventions into maternal and child health services. Data collection and research on young people identified as vulnerable to HIV infection will enhance understanding and knowledge about young people's health, and will be used to inform policy, programmes and advocacy.

42. UNICEF will work closely with government ministries, the Agency of Youth and Sport, the National Multi-sectoral Commission for HIV/AIDS, the National HIV/AIDS Coordinator and the Open Society Institute. UNICEF will also work with co-sponsors of the Joint United Nations Programme on HIV/AIDS, and with bilateral and multilateral donors including the Governments of Canada, Ireland and Sweden. In 2003, the National Multi-sectoral Commission for HIV/AIDS submitted a successful application to the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNICEF will continue its collaboration with the Government and other partners within the framework of the National Strategic Plan for HIV/AIDS, and support the Government in its follow-up.

43. Regular resources will be used to support "youth-friendly" health and social services, advocacy and training of health and social professionals. Other resources will be used to support youth communication activities, research and surveys.

Child protection

44. The country lacks a comprehensive strategy and legal framework to coordinate child protection policy and services. Likewise, the absence of data on protection issues hinders effective planning and programming. Although some services exist to deal with cases of domestic child abuse, trafficking and de-institutionalization, efforts are often ad hoc and at the grass-roots level and not linked effectively to social policy reform at the national level.

45. The aim of the programme is to strengthen the protective environment for children. The programme will support the review of national laws to ensure that these are in compliance with the Convention on the Rights of the Child and EU standards, and their strengthened enforcement. In coordination with the social policy programme, the programme will support the collection and analysis of data to enhance understanding of child protection issues in the areas of juvenile justice, trafficking of children and women, institutionalization, domestic and other forms of violence, children on the street and the social exclusion of Roma children.

46. Protective services will be strengthened for the recovery and reintegration of children who have been victims of exploitation, abuse and discrimination. These will include family- and community-based care to support de-institutionalization; expanded foster family networks; the establishment of referral mechanisms between police, centres for social work and NGOs for children and women who are victims of domestic violence; and programmes for physical and psychological recovery and reintegration.

47. The programme will strengthen government capacities to provide public services to protect vulnerable children and children with special needs.

48. Government ministries, the office of the Ombudsperson for Children, the National Child Rights Commission, the National Multi-sectoral Commission to Combat Human Trafficking, other United Nations agencies and specialized NGOs will be key national partners. UNICEF will also work very closely with the United Kingdom Committee for UNICEF and with bilateral donors including the Governments of Italy and Norway.

49. UNICEF will use regular resources to strengthen reform of the juvenile justice system, support training and strengthen protective services. Other resources will be used to support deinstitutionalization of children, attack trafficking and address such other sensitive issues as violence and abuse.

Early childhood development and education

50. The programme will address the fact that there is no comprehensive policy or practice on community-based early childhood care as an alternative to formal pre-school education. Children and young people from socially excluded groups, primarily Roma and girls, do not have equal access to quality basic education. Existing curricula and teaching practices do not provide the information and skills necessary to help young people make healthy choices to protect themselves from violence, substance abuse and HIV/AIDS, or promote peace and tolerance.

51. As a result of the programme, parents and families will be able to ensure their children's development during the early years through community-based early childhood programmes in poor communities, especially Roma and rural

communities. Immunization outreach services will be carried out to attain universal coverage. Women, especially the socially excluded and the vulnerable, will have improved access to antenatal and obstetric emergency care. Primary- and secondary-school enrolment rates will be increased and drop-out rates decreased among socially excluded groups, primarily Roma and girls, through outreach activities.

52. The programme will ensure better-quality and more relevant primary and secondary education in a protective, supportive and encouraging environment. Parents, communities and schools will undertake joint outreach activities to ensure that all primary-school-aged children, especially Roma and rural ethnic children, go to school and stay and learn.

53. Children and young people will have access to a life-skills curriculum which will provide them with the knowledge and skills to make healthy life choices, protect themselves from violence, substance abuse and HIV/AIDS, prepare them for disaster management, and promote peace and tolerance. Teachers and school managers will have better knowledge and skills to improve school environments and in using new teaching methods and the life-skills curriculum.

54. The programme's advocacy efforts within the United Nations Girls' Education Initiative will ensure that quality and relevant basic education for all is high on the national political and development agenda. Measures will be undertaken to facilitate elimination of gender disparity in secondary education.

55. The programme will work closely with the Ministry of Education and Science and the Ministry of Health, local authorities and communities, the Open Society Institute, and other donors including the Governments of Canada, Ireland, Norway, and Sweden, the Council of Europe Development Bank and the French Committee for UNICEF. Regular resources will be used to advocate for and support early childhood interventions and basic education for girls and Roma children. Other resources will be used to expand both community-based early childhood interventions and the use of the life-skills curriculum.

56. **Cross-sectoral costs** will cover the basic operational costs of the country office, including utilities, transportation, telecommunication, etc., some security costs and the salaries of some support staff who perform cross-cutting functions.

Major partnerships

57. Under the overall coordination of the Ministry of Foreign Affairs, programme implementation will be undertaken by government ministries and institutions, including the Ministries of Health, Education and Science, Labour and Social Policy, Interior and Justice. Regular interaction through the UNDAF will continue to strengthen inter-agency collaboration around the Millennium Development Goals, disaster management and preparedness, and combating HIV/AIDS. Inter-agency collaboration has also led to the introduction of changes aimed at streamlining administration, enhancing security and improving the efficiency of the United Nations system. UNICEF will continue to collaborate with other United Nations agencies, including UNDP and WHO.

58. Coordination with the World Bank will centre on the planning and implementation of the Education Access Improvement Project, the Roma Education Fund and the Health and Social Protection Administration Project. Partnerships will be maintained with other organizations involved in social development, including

the Council of Europe Development Bank, the Open Society Institute and the Red Cross. Increasing partnerships with municipalities, NGOs, civil society organizations and the private sector are anticipated.

Monitoring, evaluation and programme management

59. Programme monitoring, research and evaluation activities will be coordinated through the integrated monitoring and evaluation plan. Key indicators to be used for monitoring and evaluation purposes will include the policies and standards adopted (including a national immunization plan), the number of surveys completed, the percentage of youth having access to information and "youth-friendly" services for HIV/AIDS prevention, the number of de-institutionalized children living with families, the percentage of children and families participating in early childhood interventions, and the drop-out rates of rural girls and Roma from primary and secondary schools. Annual programme reviews will be conducted jointly with national counterparts under the Ministry of Foreign Affairs. A comprehensive mid-term review of the country programme will be undertaken with the national authorities, the United Nations country team, NGOs and other partners in 2007.

60. Monitoring of progress towards specific Millennium Development Goals will be undertaken by individual United Nations agencies and the World Bank. The main indicators to be tracked are specified in the UNDAF results matrix. UNICEF will support the evaluation of the UNDAF to be held in 2008, in collaboration with other United Nations agencies and national counterparts.

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Draft country programme document**

Turkmenistan

Summary

The Executive Director presents the draft country programme document for Turkmenistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,680,000 from regular resources, subject to the availability of funds, and $1,300,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	98
Underweight (%, moderate and severe, 2000)	12
Maternal mortality ratio (per 100,000 live births, 2001)	9
Primary school enrolment (% net, male/female)	86/84
Primary school children reaching grade 5 (%)	
Use of improved drinking water sources (%)	
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	1,200
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	88

The situation of children and women

1. Turkmenistan has a population of some 6.3 million, one third of whom are under 18 years of age. Only 20 per cent of the country's land is inhabited and arable, and the vast Karakum desert coves 80 per cent of its territory. Turkmenistan is well-endowed with natural gas and oil, and energy production accounts for about one third of the gross domestic product (GDP). Energy export revenues, which go into special funds, amount to about $15.7 billion annually. With the break-up of the Soviet Union, Turkmenistan underwent enormous economic and social changes. This involved transition from socialized ownership towards a market economy and establishment of a new state structure with a strong presidency. Economic policy is mainly state-led and growth has recently seen a remarkable recovery.

2. Despite its rank of 87th in the Human Development Index and wide Soviet-era social infrastructure and social safety net, Turkmenistan faces significant development challenges to improving its living standards and social indicators. The conditions of children and women are greatly influenced by the current policy environment. The management system for social services has been streamlined by reform measures, but the resulting increased demand has strained services and requires an equivalent increase in social investment.

3. The health care system was restructured from specialist- and hospital-based medicine to community-based preventive health care. Hospitals and rural health units were reorganized into multi-profile hospitals, and medical specialists were redeployed as family physicians. Tighter budgetary allocations have led to reductions in the number of health workers and the availability of essential drugs and medical supplies and have affected the overall infrastructure. Users' fees for specific services were introduced to cover operational expenses.

4. Turkmenistan's infant, child and maternal mortality rates are high compared to those of countries with much lower GDP. Official government statistics and the Demographic Health Survey (DHS) show different levels of key health indicators. The DHS found an infant mortality rate of 74 per 1,000 live births compared to the government figure of 17. This difference is primarily attributable to the non-adoption of the World Health Organization definition of live birth and to underreporting. Ongoing joint Government-UNICEF studies on infant mortality, with support from the United States Agency for International Development

(USAID), and on safe motherhood will probe the causes of and guide appropriate interventions for reducing mortality.

5. Acute respiratory infections (ARI) and diarrhoeal diseases are the major causes of infant and child mortality and morbidity. Despite access to prenatal care and the fact that most deliveries are assisted by health professionals, maternal mortality is still high, with haemorrhage during pregnancy and toxaemia among the leading causes. An estimated 22 per cent of children under five years are chronically malnourished, and 6 per cent have acute malnutrition. There are regional differences in levels of stunting, with, for example, the northern province (*velayat*) of Dashoguz reporting a rate of 27 per cent, which is twice as high as the rate in Ashgabat, the capital. The high levels of infant and child mortality and ARI suggest that vitamin A deficiency could be a potentially significant public health problem. The country is increasingly at risk of HIV/AIDS, particularly among young people whose knowledge and awareness are poor. For example, only 58 per cent of 15-19-year-old girls know about HIV/AIDS, and only 31 per cent know how to avoid infection.

6. Turkmenistan is moving towards meeting international standards and norms. However, its limited global exposure has kept the country out of contact with international technical developments. Plans and protocols for more effective management and prevention of disease are necessary for nationwide implementation.

7. The State's dominant role in the care of children is being reduced, with parents and families increasingly taking on this responsibility. Child-rearing practices and patterns at home need further strengthening, particularly in the areas of hygiene, exclusive breastfeeding, child feeding and early interaction. Home and environmental conditions, and inconsistency between taught behaviours and practices, are crucial factors contributing to mortality and morbidity. Promoting hygiene practices among children is difficult in an environment with low access to sanitary facilities or adequate water supply.

8. Basic education is compulsory, free to all children and publicly run. However, education reforms led to closure of collective (farmers' cooperative) schools and cuts in subsidies for pre-schools and higher educational (teaching) institutions. Only 20 per cent of children have an opportunity for early childhood education through pre-schools. The number of years of basic education was reduced from 10 to 9 and schools remain closed for 6-10 weeks during the main agricultural season. Children attend school for an average of 150 days per year compared to the international standard of 180. The reduction in school time, the lack of textbooks and teaching aids, and the revised curriculum all affect the quality of learning. Special support will be required to plan how to bridge the gap in learning hours.

9. Standards for measuring the quality of learning performance based on the revised curriculum are unclear and data unavailable. In spite of an ideal teacher-pupil ratio of 1:23, teachers have very few opportunities to upgrade their interactive learning skills relevant to changes in the curriculum. Teaching remains traditional, limiting the development of children's critical thinking skills. While school drop-out and repetition rates are low, it has yet to be determined if children are meeting minimum learning competency requirements.

10. The development of early learning skills at home is focused on learning to read, to the detriment of other skills. Parents' centres have been established in

pre-schools to help improve parenting skills. However, alternative community-based models are needed, since only about 10 per cent of the rural population have access to these centres, as opposed to more than one half of parents of children living in urban areas.

11. The social safety net has weakened over the last decade, resulting in increased numbers of children in "gate-keeping" structures and social protection services, and in the reduction of residential institutions for children without family care. The number of children in conflict with the law and without family care in the Children's Remand Centre increased from 816 in 1998 to 1,306 in 2002. About 10 per cent of these children above age seven years had never been to school, while as many as 46 per cent of them had serious academic problems. The majority of 700-800 children accommodated annually in institutions come from "families in need," mostly non-earning single parents or guardians receiving state financial assistance. Urban children, particularly boys from single-parent families, and families with three or more children are at greatest risk of institutionalization, including placement in correctional institutions. The social protection system and mechanisms leading to institutionalization need to be analysed further to find ways to prevent children being deprived of parental care. Corporal punishment is commonly practised to discipline children. About 30 per cent of children in residential care institutions had bodily marks of physical violence experienced at home, and fewer than 10 per cent of those living with a single parent or in a guardian family reported episodes of psychological or physical violence from caregivers or peers.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

12. The previous country programme focused on reduction of incidence of infectious diseases and micronutrient deficiencies, improvement of the school learning environment, promotion of healthy life styles and youth participation, and the rights of children in need of special protection measures. While not all the objectives were achieved, a number of key results were achieved.

13. The Government reports low incidence of vaccine-preventable diseases among children with few cases of measles registered annually. Viral hepatitis is also declining, but the rate is relatively high. Through the leading role and support of UNICEF, immunization coverage was maintained at an average rate of 95 per cent. The country was certified polio-free in 2002. With funding from the Global Alliance for Vaccines and Immunization (GAVI), the country programme's direct contribution included massive capacity-building, technical support for establishment of a national immunization plan, and provision of cold-chain equipment and a logistical system for vaccine distribution and storage.

14. About 68 per cent of the student population (more than 124,000 students) in Dashoguz *velayat* benefit from improved access to safe drinking water and sanitary latrines, which has reduced the incidence of diarrhoeal diseases by 24 per cent annually. UNICEF assisted local authorities in this *velayat*, where surface and ground water had been severely curtailed because of climatic conditions and land salinity, compounded by the Aral Sea disaster. Funding from the Governments of Canada, Germany and Ireland supported the introduction of appropriate technologies

for improved shallow and dug wells for provision of safe drinking water to schools and communities. Improved school latrines were established, with separate facilities for boys and girls. Hygiene education was widely promoted throughout the school system, in partnership with local non-governmental organizations. For the first time, senior students were involved in the monitoring and surveillance of the quality of water.

15. School children and young people now have access to more child-centred and relevant education. UNICEF introduced an innovative methodology for interactive teaching and learning, and for life-skills-based health education and HIV/AIDS prevention for adolescents. The Ministry of Education has recognized the value of this globally accepted methodology, which will be introduced nationwide. The use of life-skills education is increasing slowly but progressively, particularly in urban schools.

Lessons learned

16. The country's attitude towards human rights is gradually changing, primarily influenced by high-profile advocacy for children's rights. The authorities are increasingly aware of the need for a rights-based approach in implementing development policies and have taken steps to be active in this sector. News reports and the national media show that children's rights are now more incorporated in policy makers' language. UNICEF adopted a proactive approach to promote children's rights by engaging in regular consultations and dialogue with the Government. It is essential to prioritize key issues for advocacy and to ensure that culturally-sensitive and politically appropriate language is used in various forums, major documents and information, education and communication materials. The Government is now more receptive to suggestions to shape its policy agenda for the progressive implementation of its commitment to children's rights.

17. Successive annual reviews and the mid-term review of the country programme recommended continuity and expansion of programme activities at the *velayat* level. Based on the experience of ongoing early childhood development (ECD) initiatives, local authorities and existing mechanisms are able to respond more adequately when given the necessary mandate, technical support and skills for the planning and management of children's programmes. Service delivery is also more efficient when it is part of a coordinated and integrated effort. The provincial education management information system initiative in Dashoguz provides an important entry point for participatory data collection and school mapping, allowing linkages to activities in the areas of water and sanitation, ECD and education. This initiative can form a base for local-level planning through a participatory process involving all service providers, local authorities, communities and families. Greater decentralization of decision-making at the *velayat* and district (*etrap*) levels provides opportunities for institutionalizing and mainstreaming children's development.

18. A 2003 study on child-rearing provided the impetus for emphasizing the role of parents, families and communities in children's upbringing. Few parents, however, are, aware of their role and appropriate practices in child development, especially regarding adequate health care and nutrition, and addressing young children's physical and emotional needs. The key lesson derived from the study is that rural extended family structures and immediate caregivers have to be considered

in launching better parenting programmes. A framework for effective parenting was also developed as part of ECD initiatives, and in the next programme cycle, parents will also be taught problem-solving skills.

The country programme 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Policy advocacy and development planning for children	700	-	700
Institutional capacity development	1 400	600	2 000
Velayats fit for children	1 700	700	2 400
Cross-sectoral costs	880	-	880
Total	**4 680**	**1 300**	**5 980**

Preparation process

19. At the request of the United Nations country team (which also includes the United Nations Development Programme and the Office of the United Nations High Commissioner for Refugees), UNICEF led technical working groups that helped to develop the Common Country Assessment (CCA) and chaired the steering committee for the formulation of the United Nations Development Assistance Framework (UNDAF). Consultations with the Government during the UNDAF preparation process took place primarily through sectoral strategy meetings and the annual programme review. The Joint Strategy Meeting between the Government and the United Nations, held in February 2004, endorsed both the UNDAF and the UNICEF country programme.

Goals, key results and strategies

20. The ultimate goal of the country programme is to contribute to sustainable improvements in the health, development and social well-being of the children and women of Turkmenistan, consistent with the Millennium Development Goals and the commitments of *A World Fit for Children*. The country programme will support the Government and other partners in the development of a comprehensive, rights-based policy framework for ensuring quality, access and use of basic social services.

21. In the context of the UNDAF, UNICEF will support the formulation and implementation of sustainable, rights-based policies for children, young people and women; the improvement of systems and institutional capacities for improved quality health care, nutrition and education; and raising the awareness of families and changing mindsets for better child-rearing and parenting practices.

22. The country programme will achieve key results in the three areas identified in the CCA that have a crucial bearing on the situation of women and children: (a) the legal framework and law enforcement mechanisms are to be improved and harmonized with international commitments and other national laws; (b) standards

and norms are to be used for improving the quality of programmes and services; and (c) families are to adopt positive child-rearing practices and provide a safe, enabling and conducive learning environment at home.

23. Three interrelated strategies will be pursued at the policy, system and community levels: (a) evidence-based advocacy and mobilization of policy and decision makers to place children at the centre of the development agenda; (b) decentralized adoption of a system-wide process and mechanisms to improve basic social services, including developmental and preventive approaches; and (c) demonstration of community-driven models that create and sustain a social environment fit for children.

24. At the national level, the programme will focus on influencing policy decisions and enhancing the Government's ability to set priorities for children. It will support capacity and institutional development for improved health care, nutrition and education. Child protection will be integrated across all sectors. All interventions will be informed by gender analysis and response. Policies, standards, protocols and guidelines formulated at the national level will be adopted in the five *velayats* and 20 *etraps* which will serve as models to demonstrate how communities can be made 'fit for children'. Best practices and lessons learned will be documented to inform national policies.

Relation to national priorities and the UNDAF

25. The country programme will directly support the following nationalized Millennium Development Goals: (a) expanded access to high-quality education at all levels and achievement of international standards in education; (b) elimination of gender disparities at all levels of education; (c) reduction of infant and maternal mortality by one half from the current levels; (d) prevention of HIV/AIDS; and (e) reduction of the proportion of people without permanent access to safe drinking water.

26. The country programme is anchored in the UNDAF and corresponds to its outcomes: (a) policies to promote social well-being and human security in accordance with national goals and nationalized targets; (b) user-friendly and sustainable health care and nutrition services, in compliance with international standards, at national and subnational levels; (c) "child-friendly" and sustainable education services for the pre-primary, basic compulsory and vocational levels; and (d) a comprehensive approach to environmentally sustainable principles and practices at all levels and in community development, linked to improved social well-being.

27. Follow-up to global commitments is part of the policy agenda of both the UNDAF and the country programme. A law guaranteeing the rights of the child was enacted in 2002 following the country's 1994 ratification of the Convention of the Rights of the Child. Turkmenistan's first report to the Committee on the Rights of the Child report has been under preparation since 2003 and is awaiting finalization.

Relation to international priorities

28. The country programme will contribute to the achievement of the Millennium Development Goals for achievement of universal primary education, promotion of gender equality, reduction of child mortality, improved maternal health and fighting

HIV/AIDS. The preparation of the country programme was guided by the UNICEF medium-term strategic plan and the goals of *A World Fit for Children*. It will give special emphasis to ECD and girls' education within the context of inclusive quality basic education. Interventions aimed at achieving a "child-friendly" learning environment and for immunization "plus" will focus on sustainability and elimination of micronutrient deficiencies. Consistent with regional HIV/AIDS priorities, the country programme will adopt a preventive approach toward mother-to-child transmission of HIV and promote healthy life styles among young people. Child protection will intersect all programme components.

Programme components

Policy advocacy and development planning for children

29. Poor alignment between economic and social policies contributes to declining access of children, young people and women to quality basic social services. Policy makers and local authorities have limited knowledge and experience of social planning, and evidence-based assessments, tools and mechanisms for coordinated planning and action are also limited. The result has been weak human and technical capacities for developing rational, rights-based policy decisions and laws.

30. This programme is expected to yield the following specific results, all related to the creation of an enabling environment for children: (a) parliamentarians, policy-makers and local authorities are to be increasingly aware of, and better equipped with, skills for development and enforcement of child-rights-based legislation, policy-making and social development planning; (b) processes and mechanisms are to be in place for formulating new legislative measures and reviewing existing ones; and (c) a system will be developed for monitoring the implementation of these policies.

31. This programme will have two interrelated project areas: policy research, development planning and monitoring of results; and advocacy for children's rights. Social policy research and studies will be undertaken to launch a policy agenda and long-term vision for children. This will help to create a framework for rights-based, inclusive and protective policies for children. UNICEF will provide technical assistance to translate the National Plan of Action for Children into local plans, and to build local capacities for collecting and monitoring data. This programme component will also ensure that an emergency response plan is in place in case of man-made or natural disasters. UNICEF will support the Government to better align monitoring systems with national development goals through a centralized data repository and *DevInfo*. The programme will embark on wide advocacy and mobilization for promoting children's rights and follow up to the commitments of the Convention on the Rights of the Child, *A World Fit for Children* and the Millennium Development Goals. Various communication forums will be tapped and the involvement of the national and local media in promoting rights will be strengthened.

Institutional capacity development

32. The medical and educational curricula in pedagogical institutes still have to be updated fully in accordance with international standards and recommendations. Nationwide protocols and guidelines on care, prevention, development and

protection of children and women need to be more comprehensive and consistent. National quality standards, indicators and tools for measuring developmental progress for young children and monitoring of learning achievements are to be established. Teaching and learning methods need to be more child-centred and relevant.

33. Key results expected at the system level include: (a) protocols and guidelines are to be adopted based on international standards for safe immunization, the Integrated Management of Childhood Illness (IMCI), nutrition, childhood disabilities, safe motherhood and neonatal care; (b) a financially sustainable plan on immunization will be in place; (c) an ECD curriculum will be aligned with development standards on psychosocial domains and school readiness, and be available and used in kindergartens and pre-schools; (d) protocols and resource materials will guide the development of "child-friendly" schools and "youth-friendly" health services; (e) parent and family checklists will be used for improved child-rearing, parenting and in-school activities; and (f) food processing and other production facilities will fortify their products with iron and essential micronutrients.

34. UNICEF will support government efforts to increase the measles immunization coverage rate from 88 to 95 per cent; maintain polio-free status; establish health and education information systems, increasing the rate birth registration within one month after birth from 73 to 95 per cent; improve the quality of pre-school and primary education; and increase the number of young people aged 10-18 years with the knowledge, skills and means of protecting themselves from HIV/AIDS and sexually transmitted infections. The knowledge and skills of technical and field personnel on maternal and child care, including infant feeding practices, will be upgraded through extensive training.

35. There are three project areas under this programme component: maternal and child health (MCH) care and elimination of micronutrient deficiencies; inclusive quality basic education; and HIV/AIDS prevention. UNICEF will provide technical assistance for mainstreaming international standards, protocols and guidelines on updated and relevant health-care practices; the promotion of exclusive breastfeeding; vitamin A, iron and iodine supplementation; and curriculum development and teaching/learning methodologies, including measures for the prevention, identification and response to cases of violence, abuse, neglect and exploitation. Pre-school curricula will be aligned with child development standards. A two-track approach will be adopted to improve managerial and/or technical competencies, targeting their integration in the higher education curriculum, as well as in-service capacity-building for health, education and social protection personnel. UNICEF will equip national core training teams with the skills and resource materials to build the capacities of family physicians on maternal, child and adolescent health care and nutrition, and of teachers on rights-based and child-centred teaching methodologies.

***Velayats* fit for children**

36. The engagement of local authorities in children's programmes needs to be expanded, especially to improve the child-rearing practices of parents, families and communities. Local-level service providers have limited capacities and technical expertise in the areas of early childhood stimulation, school preparedness, protection

and rehabilitation of at-risk children, and promoting healthy lifestyles among young people. Young people lack access to information related to health promotion and personal development, and opportunities for genuine participation in decisions that affect their lives. Hygiene and sanitary practices are weak. Corporal punishment is still widely practiced at home.

37. This programme component will operate at the *velayat* level, where it is expected to deliver the following results in 20 *etraps*: (a) at least 50 per cent of children aged 0-to7 years are to be prepared for school through improved access to and quality of ECD programmes; (b) at least 80 per cent of school-age children, both girls and boys, and to have improved access to a quality learning environment and "child-friendly" schools; (c) at least 80 per cent of young people are to have life skills and access to "youth-friendly" services; and (e) at least 50 per cent of households are to practice improved hygiene and sanitation and have access to safe drinking water. To achieve these results, the country programme will support *velayat* and *etrap* administrations in the development of local plans for children. Service providers will be equipped with knowledge, skills and practices for applying technical and other standards to service delivery.

38. The programme will be coordinated and managed mainly at the *velayat* level and implemented in 20 *etraps* which represent 30 per cent of the country's total population. *Etraps* will be ranked according to the status of critical indicators for children and women (infant, child and maternal mortality, malnutrition, school enrolment, access to safe drinking water). These indicators will be combined with other selection criteria such as geographic location, the size of the child population, the level of social infrastructure development and various manifestations of the commitment of local authorities to children's development. The selection of *etraps* will be done jointly with central and *velayat* authorities. In these *etraps*, the country programme will support implementation of national standards and protocols in the areas of ECD, "child-friendly" learning environments and "youth-friendly" services. Water, sanitation and hygiene education will be an additional project component. Child protection and gender concerns will be integrated within these interventions.

39. The country programme will equip local authorities with capacities to develop and implement local plans for children and mainstream them into development plans, and establish mechanisms for integrated programme management. Intensive support will be provided in documenting the process, strategies, resource requirements and, most of all, results. Periodic reviews at national and local levels with the Government will formalize recommendations for improvements.

40. The country programme will support the Government in carrying out interventions in the areas of child protection, birth registration, safe motherhood, immunization, community IMCI, disease surveillance, growth and physical monitoring, nutrition and school preparedness. Health workers will be trained in relevant health and nutrition interventions that are updated according to international standards. In addition, they will be trained to better identify and report deaths more accurately, particularly of children under five years and those related to disease, abuse and violence. Teachers will be trained in interactive teaching and be encouraged to foster a culture of caring for children, based on centrally developed guidelines and materials. Hygiene education and access to safe water and sanitary facilities in schools, with separate provision for girls, will improve children's health.

The integrated community education management information system will allow tracking and follow-up of cases of school drop-out and or learning problems.

41. Local-level interventions will aim at raising awareness of and changing attitudes and practices towards child discrimination, exploitation, abuse and neglect. Based on an assessment of the existing birth registration system, support will be provided for achieving universal birth registration. Provision of supplies and equipment will improve access, quality and utilization of MCH services and pre-school facilities. Life-skills-based health education will be scaled up in schools and non-formal youth settings through peer education and "youth-friendly" services. Sustainable, low-cost water supply systems will promote viable and appropriate technological options for communities.

42. Parents will be encouraged to participate in making their homes, school and community environments safe and conducive for learning, and to adopt positive child-rearing practices. Communities will be mobilized for the operation, maintenance, management and monitoring the quality of water systems.

43. **Cross-sectoral costs** will cover staff, technical assistance and provide for cross-cutting services for such programmes as utilities, transport and information technology equipment.

Major partnerships

44. New partnerships will be forged with the Parliament (*Medjilis*) and appropriate committees, the Cabinet of Ministers, and *velayat* and *etrap* governorates (*hakimliks*). Direct links will continue with the Deputy Prime Minister's Office and with line ministries. Partners will include the Youth Union and Women's Union. International and donor partners will include the Organization for Security and Co-operation in Europe, the World Bank and USAID. Networking with international institutions for conducting studies, information exchange and state of the art technology will be encouraged. The Central Asian countries' ministerial forums on MCH and education will be a platform for exchanging information and expertise on issues related to women and children. The partnership with GAVI is expected to continue to achieve sustainable immunization. The United Nations theme group on HIV/AIDS will remain a central forum for programme coordination in response to the epidemic.

Monitoring, evaluation and programme management

45. The progress of programme implementation will be monitored through a set of key indicators to measure the development of policies, programmes and action plans for children, including budget expenditures for social sector development; the number of basic social services with improved quality care standards; rates of access of women and children to inclusive quality basic social services and their utilization; and knowledge, attitude and behavioural change among different groups of the target population.

46. The five-year integrated monitoring and evaluation plan will be developed and used for coordination of research, monitoring and evaluation activities of the country programme. The plan will include social policy analysis, evaluation of *velayat* and *etrap* models for making policy decisions and deciding on programmatic directions, and monitoring of child protection. In cooperation with other United

Nations and bilateral agencies, UNICEF will support such major national surveys as the DHS and multiple indicator cluster survey. Collaboration will be maintained with the MONEE regional monitoring project.

47. The mid-term review of the country programme will be conducted in 2007. Key planned evaluations are planned of the better parenting programme, the "child-friendly" schools initiative; the effectiveness of anaemia prevention interventions and a cost-benefit analysis of the implementation of the *etrap*-level model and its feasibility for replicability. The Government and the United Nations system will jointly carry out an evaluation of the UNDAF in 2008.

48. Yearly work plans will be prepared with national-level counterpart ministries and the *velayat* authorities as a key process for achieving the country programme's goals and objectives. Programmes will be monitored through quarterly, mid-yearly and annual programme implementation reviews, regular field monitoring and periodic analyses of processes and outcomes with partners at national and *velayat* levels. The United Nations resident coordinator system will be fully utilized for joint programme review and negotiations with the Government.

49. The Ministry of Foreign Affairs serves as the overall coordinating government authority. The country programme will be managed jointly by the Government and UNICEF, with coordinators appointed from such major implementing partners as the Ministries of Health, Education, Interior and Social Welfare. Under the support budget approved by the Executive Board in 2003, the UNICEF office in Turkmenistan will be upgraded to a full country office from 2005 and the office's human resources have been strengthened accordingly.

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Draft country programme document***

Uzbekistan

Summary

The Executive Director presents the draft country programme document for Uzbekistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $9,260,000 from regular resources, subject to the availability of funds, and $8,560,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	10.7
U5MR (per 1,000 live births)	68
Underweight (%, moderate and severe, 1996)	19*
Maternal mortality ratio (per 100,000 live births, 2001)	34
Primary school enrolment (% net, male/female, 2000)	78/78
Primary school children reaching grade 5 (%, 2000)	89
Use of improved drinking water sources (%, 2000)	85
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old, 2000)	15
GNI per capita (US$)	450
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	97

* age group 3-35 months.

The situation of children and women

1. The most populous of the Central Asian republics, Uzbekistan has 25.5 million people, 56 per cent of them under the age of 25 years. The country's recent transition to a market economy has seen recovery marked by sustained economic growth, with increased expenditures on social welfare, health and education. However, according to the Common Country Assessment (CCA), the country has also witnessed a decline in human capital, increased unemployment, decreased access to health and education, continued environmental degradation and weak governance. These factors, together with high inflation, have contributed to poverty and inequality. The World Bank estimates that 28 per cent of the population cannot meet their basic consumption needs.

2. Social indicators reflect these challenges. The maternal mortality ratio had fallen from 65 per 100,000 live births in 1992 to 21 in 1996, but rose sharply again to 34 in 2001, despite the fact that 90 per cent of deliveries are attended by a specialist. According to official statistics, the infant mortality rate (IMR) decreased from 26 per 1,000 live births in 1995 to 17 in 2002. However, the multiple indicator cluster survey (MICS) conducted in 2000 found an IMR of 52. The substantial difference is due largely to the discrepancy between the currently used and international standard definition of 'live birth,' and to underreporting.

3. In 2002, a Demographic and Health Survey found that 23 per cent of children up to age three years are stunted. The rate of exclusive breastfeeding during the first four months of life has increased, from 4 per cent in 1996 to 22 per cent in 2002, but is still low. Between 50 and 60 per cent of the population suffer from iodine deficiency disorders (IDD) and only 19 per cent of households use iodized salt. Furthermore, 52 per cent of women of child-bearing age and 59 per cent of children aged 6-59 months have mild to severe anaemia, aggravated by poor diet and/or dietary practices. Although immunization levels are high nationally and the country has been certified polio-free, unsafe vaccination practices still occur. There are wide

disparities in rates of access to safe drinking water, particularly in rural areas, for example in Khorezm (54 per cent) and Karakalpakstan (42 per cent). As few as 50 per cent of urban and only 4 per cent of rural inhabitants have facilities for safe excreta disposal.

4. The economic and social transition has also resulted in the deterioration of pre-school education, including a failure to attract professionals because of low wages and poor facilities. Enrolment for 3-to 6-year-olds declined from 1,349,400 in 1991-1992 to 681,200 in 1998. However, government efforts to establish both traditional and non-traditional community (Makhalla) and private kindergarten pre-schools have helped to increased coverage rates from 20 to 27 per cent of this age group between 2000 and 2002.

5. While official figures report high enrolment in primary schools, the MICS found that school attendance rates were only 78 per cent for both boys and girls. Analysis suggests that a significant cause of poor attendance is the quality of education. In addition, many young people drop out of school to seek employment and do not complete the full cycle of secondary school.

6. Continuing poverty and disruption of the social support system have increased the number of children in institutions, where they receive inadequate care and educational. Currently, 3,600 children live in 31 orphanages and 772 children up to three years of age are growing up in infant homes. The number of disabled children stands at more than 132,300, and serious concerns exist regarding their care and opportunities for mainstreaming them into the educational system. Economic austerity has created increasing numbers of juveniles in conflict with the law (estimated at 600 young people below 21 years in 2003) and increasing numbers of children on the streets (from 2,700 in 2001 to 5,500 in 2003).

7. The number of reported HIV infections increased from 230 in 2000 to more than 3,500 in 2003. The majority of new infections are among young people, and increasingly among young women. Injecting drug users account for 75 per cent of registered cases. A survey of young people aged 15-24 years showed that two thirds of them knew very little about sexually transmitted diseases and four out of five had limited knowledge of HIV/AIDS. There have been 40 reported cases of mother-to-child transmission of HIV. The State has recently developed a long-term strategy to combat HIV/AIDS.

8. In analysing the underlying causes of these trends, three significant factors emerge. Firstly, as underlined in the country's report to the Committee on the Rights of the Child, there are serious gaps in the policy environment with respect to child rights. Policies are lacking for early childhood development (ECD), children deprived of family care, child labour, juvenile justice and addressing the situation of people living with HIV/AIDS. State initiatives in social policy often have a short-term focus and lack appropriate implementation mechanisms. Secondly, despite high literacy rates, families have low awareness of factors affecting the well-being of women and children. Cultural specificity limits the possibility of openly addressing family and social issues. Although the State promotes family education, this is often based on traditional stereotypes that deliver information but fail to empower beneficiaries. Thirdly, despite the high percentage of social sector expenditures — as much as 47 per cent — the total amount of the state budget has decreased because of the effects of transition. Local budget allocations have also decreased. For example, only 14 per cent of health expenditures from the local budget are allocated

for primary health care (PHC), with the majority spent on tertiary care. Resource constraints affect the motivation of staff and result in deteriorating infrastructure. Social services are still managed vertically and lack an intersectoral approach to planning or one based on local needs.

9. Decision-making mostly occurs at higher levels, leaving little room for local processes. However, the *Makhallas* have been given significant authority to organize social support to families. This provides opportunities to help communities take responsibility for their own well-being and demand better-quality social services.

Key results and lessons learned from previous cooperation

Key results achieved

10. The previous country programme had a strong focus on child survival; and aimed to decrease micronutrient deficiencies, promote the concept of "child-friendly" learning environments, reduce the risk of children being kept in institutions, increase young people's awareness of healthy lifestyles and the risks of HIV/AIDS, and promote youth participation.

11. Key results achieved include the development of policies on the international definition of "live birth" and on safe motherhood that directly contributed to improving birth registration and antenatal, perinatal and neonatal care, respectively. Thirteen maternity hospitals were certified as "baby-friendly"; students from more than 10,000 schools now understand the importance of using iodized salt to fight IDD; and approximately 80 per cent of all children aged 6-59 months have received vitamin A supplementation. Coverage rates for routine immunization were maintained at over 95 per cent, the country was certified polio-free and the State has assumed responsibility for purchasing vaccines for routine immunization.

12. Approximately 2,500 children received pre-school education at *Makhalla* kindergartens using teaching and learning methods that focused on early learning. A national policy on education for all was adopted; more than 80,000 students in five regions are learning in "child-friendly" schools; 60,000 schoolchildren in grades 1-4 have improved knowledge of hygiene; and school sanitation was upgraded in 80 schools.

13. Country-wide, 14 youth-friendly centres are now reaching out to 100,000 young people to make them aware of skills needed for healthy behaviour and development. More than 10,000 schoolchildren and 2,000 teachers know ways to prevent HIV/AIDS and adopt healthy lifestyles. The Children's Parliament has become increasingly active.

14. As part of an emergency response to the drought in the Aral Sea disaster zone, through a grant from the Government of Japan, 300,000 people received interventions in the areas of maternal and child health (MCH), water, hygiene and sanitation. Epidemiological surveillance in 2003 showed that water contamination in the area decreased from 9.5 per cent to 5.5 per cent and the incidence of diarrhoea fell by one third among children.

Lessons learned

15. The mid-term review of the country programme found that the lack of mechanisms for project convergence at the local level reduced the impact of the country programme. Programmes operating in different geographical areas missed the opportunity to integrate their implementation, which is especially important for community and family childcare and children's cognitive development.

16. While successful in themselves, a number of projects initiated on a pilot basis have remained pilots on account of a lack of support in terms of policy and subsequent resource mobilization. These projects have not been able to inform the development of better policies or ensure leverage for replication. Limited success has been achieved with respect to policy development on account of the weak evidence base for advocacy. Strengthened monitoring and evaluation capacities of the Government, UNICEF and non-governmental organizations (NGOs) are vital for informed decision-making.

17. A recent study by the United States Agency for International Development (USAID) revealed a low level of knowledge among families and communities on the importance and proper utilization of PHC. It also found that capacity-building of health professionals and dissemination of information are not sufficient to ensure appropriate utilization and increased demand for quality services and need to be complemented by family and community empowerment.

The country programme, 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programmes	*Regular resources*	*Other resources*	*Total*
Access to quality basic services for women and children	4 170	5 140	9 310
Good governance for achieving women's and children's rights	3 700	3 420	7 120
Cross-sectoral costs	1 390	-	1 390
Total	**9 260**	**8 560**	**17 820**

Preparation process

18. The new country programme evolved from the priorities of the CCA and the United Nations Development Assistance Framework (UNDAF). The Government, civil society, academic institutions, the World Bank, USAID and the Children's Parliament, among others, actively participated in the CCA and UNDAF processes.

19. The country programme strategy was developed after discussions with representatives of the Government, civil society and young people in November and December 2003. This resulted in the finalization of the programme strategy paper. A Joint Strategy Meeting involving United Nations agencies, the Government and civil society was held in February 2004 and endorsed both the UNDAF and the proposed programme of cooperation.

Goals, key results and strategies

20. Under the framework of Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the country programme will contribute to strengthening the ability of the State to respond to national priorities and meet its obligations to ensuring the rights of children, young people and women to live, grow up and develop in a nurturing, caring and protective environment.

21. As a result of the country programme, children, young people and women in selected priority areas will have increased access to functional and integrated quality basic services in health, basic education, child protection and HIV/AIDS prevention. This will inform policy and, through strengthened documentation and evaluation, ensure expansion of good practices nationwide. The approach will be implemented in 15 districts (*rayons*) of six regions (*oblasts*) covering 10 per cent of the total population that will be selected based on indicators of children's and women's well-being.

22. Families and young people in these priority areas will be able to take greater responsibility for their own well-being and demand quality basic services more effectively with the support of empowered communities. State officials at all levels will be better able to plan and manage basic services for children, young people and women. New legislation will be in place and existing laws amended to be consistent with the two Conventions.

23. In order to achieve these results, the country programme will adopt a three pronged approach. First, the delivery of basic services in selected national priority areas will be enhanced through convergence of activities. A sustainable, more integrated system of basic services will better address the needs of women, children and young people, and will mainstream the principles of the two Conventions into national and local development structures and systems. Best practices will be used for nationwide replication and for resource mobilization.

24. Secondly, the programme will aim to strengthen accountability of service providers, through greater clarity of mandates and improved standards and decision-making mechanisms. Strengthening the capacities of local institutions for programme management will increase the efficiency and effectiveness of service delivery and promote an enabling environment for community participation and family empowerment. Community capacities for seeking information and decision-making will be strengthened in order to raise demand for quality services. This will entail enhancing the professional capacities of all service providers to make them more responsive to family needs, and fostering their awareness of their and others' obligations to uphold children's and women's rights. The development of skills for improved analysis of the well-being of women and children will lead to improved planning. The development of plans for responding to natural disasters, as part of emergency preparedness and resource mobilization, will be part of this strategy.

25. Thirdly, national policies to expand best practices to nationwide service delivery will be supported through communication, social mobilization and advocacy. The participation of the private sector, civil society and mass media, as well as of children and young people, will be secured to put in place an environment conducive to the development of better policies and legislation in support of child

rights. Evidence-based advocacy will be an important element for leveraging resources to support the expansion of successful pilot projects.

Relationship to national priorities and the UNDAF

26. The country programme complements and supports the Government's efforts to achieve sustainable development, which are outlined in the President's annual programme to improve social support systems for the most vulnerable. The country programme will contribute directly to strengthening state initiatives for teaching excellence, healthy generations, women's empowerment, mothers and children, healthy lifestyles for families, strengthening of *Makhallas* and "grace and care".

27. In 2002, Uzbekistan submitted its first report to the Committee on the Rights of the Child. In the same year, as a follow-up to the Special Session on Children, the Secretariat of the Social Complex for Protection of Families, Women and Children developed a National Plan of Action (NPA), which was based on recommendations from the Committee. Strategies and areas of cooperation in this country programme reflect the NPA priorities.

28. The country programme will address the four priority areas of the UNDAF: poverty reduction, basic services, follow-up to international conventions and good governance. In particular, the UNICEF programme will benefit the most vulnerable groups, thus contributing to improved living standards and poverty reduction. It will lead to improved social service delivery, linked to enhanced local and subnational governance. Through its efforts to promote the Convention on the Rights of the Child, the country programme will make a key contribution to harmonization of existing legislation with international standards.

Relationship to international priorities

29. The country programme will contribute to the achievement of the Millennium Development Goals through its programmes in primary education, MCH, child protection and HIV/AIDS prevention. It will also address all of the priorities of the UNICEF medium-term strategic plan and contribute to the goals of *A World Fit for Children*, as follows. By enhancing the quality of basic education, it will help to develop gender-sensitive learning; by improving family child-rearing practices and convergence of social services, it will promote an integrated approach to ECD (including immunization "plus"); and by strengthening the social support system, it will address issues related to violence against children. Young people's participation will contribute to prevention of HIV/AIDS.

Programme components

30. The country programme will be made up of two components. The first will improve access to quality basic social services for children and women through improved convergence of services in selected priority areas. The second will support good governance for achieving children's and women's rights. Both components will involve national and subnational (*oblast*, *rayon*, community) levels. At the national level, UNICEF will support policy development and improved intersectoral approaches to planning and implementation of social support systems. At the subnational level, in the selected priority areas, the focus will be on strengthened delivery of basic services through local capacity-building. A strong, rights-based focus on families will increase demand for quality basic services. These models will

be monitored, evaluated and documented in order to inform the development of national policies.

Access to quality basic services for children and women

31. Within the area of MCH and nutrition, high rates of maternal and child morbidity and mortality remain a major challenge. Approaches are needed to bring often vertically delivered services into a more coherent and supportive framework and establish new relationships with family and community structures. At the national level, key results will include the full, nationwide implementation of the World Health Organization (WHO) definition of "live birth". UNICEF will advocate for continued priority and follow up on this issue and build government capacities to operationalize a set of standards for PHC services (including immunization and micronutrient and vitamin A supplementation). These will be incorporated into pre-service and on-the-job training. At subnational level, at least 80 per cent of women and children and their families in the priority areas will use quality PHC services that have been strengthened to improve MCH. Through UNICEF support, all health care providers will improve their knowledge and ability to apply international standards for the Integrated Management of Childhood Illness, including an outreach component of family education. All maternity hospitals in these selected areas will become "baby-friendly".

32. In ECD and quality basic education, the main obstacle remains the lack of an appropriate policy framework and the poor quality of basic education. Micronutrient deficiency is still widespread and levels of household consumption of iodized salt remain low. With UNICEF support, the programme component will lead, at national level, to the adoption of an improved national policy on ECD and the harmonization of national education policy with international standards. UNICEF will support the inclusion of a special course on integrated ECD in the teaching-training curriculum and as part of in-service training of teachers. At least 90 per cent of households will consume iodized salt. A law on flour fortification will be adopted and 60 per cent of households will consume iron-fortified flour. UNICEF will concentrate its advocacy and provide technical support to strengthen communication for universal salt iodization and fortification of staple foods. At the subnational level, more than 50 per cent of children in the priority areas will participate in *Makhalla* pre-school care, and 80 per cent of schoolchildren will be learning in schools that are child-centered, gender-equal and are providing life-skills-education. Expanded community participation will enhance early learning and pre-school preparedness. UNICEF will support the establishment of a child-centered learning environment in grades 1-9 to improve the quality of education. All schools in the priority areas will have upgraded safe water systems and sanitary facilities, together with hygiene education.

33. In the area of child protection, there are still high numbers of children in institutions, as well as increasing numbers of children in conflict with the law or on the streets. Inadequate care for, and isolation of, disabled children is an area of further concern. Existing legislation and normative standards on child protection are not yet consistent with international standards, in terms of both prevention and rehabilitation. At the national level, existing legislation on child abuse, neglect and trafficking will be harmonized with international standards. At the subnational level, 60 per cent of socially vulnerable children in priority areas will have access to quality, community-based social services that are needed for social integration and rehabilitation. Social work structures that are able to identify and support vulnerable

and high-risk child populations will be strengthened. Frontline law enforcement personnel will be better able to work with young people in conflict with the law. UNICEF will support the further development of professional capacities and the establishment of alternatives to institutionalized care that are integral to local social support systems.

34. Young people remain particularly vulnerable to infection from HIV/AIDS. Under the component on young people's health and development, the programme will focus on preventing HIV/AIDS among young people and promoting a supportive environment. At the national level, existing legislation will reflect principles of non discrimination, including with respect to young people, and support systems for people living with HIV/AIDS. At the subnational level, 90 per cent of young people in the priority areas will acquire the knowledge and skills to protect themselves from HIV/AIDS, sexually transmitted infections and drugs, and have access to quality, "youth-friendly" services. Health care providers, educators and NGOs working on HIV/AIDS, and young people themselves, will improve their skills to provide services that are "youth-friendly", with young people participating in the design of the relevant protocols. A network of peer educators will be established. UNICEF will support the development of capacities of the Government, NGOs and young people themselves to develop and evaluate communication for behavioural change. Peer education and life-skills-based education will help young people to avoid making decisions that negatively affect their lives, such as using drugs.

35. The programme will involve a wide range of partnerships. Local officials and community leaders will be crucial in ensuring the streamlining and convergence of established basic services. Continued partnerships with the Ministries of Health, Public Education, Internal Affairs, Justice and Labour will ensure long-term, sustainable changes in policies. Many interventions will require a grass-roots approach and the participation of civil society will be critical, especially in the areas of child protection and HIV/AIDS. Strong partnership with the Joint United Nations Programme on HIV/AIDS, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime, WHO, the Asian Development Bank, the World Bank, the United States Centers for Disease Control and Prevention and USAID are expected in the areas of strengthening PHC, improving the quality of basic education, preventing HIV/AIDS and promoting healthy lifestyles for young people.

36. Regular resources will be used to strengthen basic services in selected areas, involving professional capacity-building activities and provision of essential supplies. Other resources will be used to expand geographical areas of interventions, including additional supply requirements.

Good governance for achieving children's and women's rights

37. Existing laws and other normative frameworks do not support initiatives to protect women's and children's rights. Families' and communities' lack of knowledge on health and other child development issues, combined with limited opportunities for them to be actively involved in the design of social support systems, have meant that services remain inflexible and unresponsive to the needs of clients. This is compounded by the weak capacities of local authorities to plan, implement and monitor convergent programming.

38. A major effort will be made to strengthen policy development, advocacy and social monitoring for children, young people and women. At the national level, a key overall result of this component will be that state policies will provide a better framework for the protection of children's rights, with existing legislation amended to comply with the Convention on the Rights of the Child. Administrative frameworks and institutional development (including codes of conducts and reporting mechanisms for users of services) will be backed up with increased nationwide awareness by families of children's rights and appropriate child-care practices. UNICEF will work with the National Academy of Social Reconstruction to train local government cadres in such communication support. Social monitoring will contribute to the development of public sector capacities to monitor and assess implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF will support the introduction of specialized mapping tools, such as *DevInfo*, that will provide opportunities for more targeted, "pro-poor" planning. A national response to women and children in emergencies will be mainstreamed into state policies.

39. At the subnational level, capacity-building in the management of social services for children and women will help local government officials and community leaders to plan, implement and monitor the delivery of social services. They will jointly establish systems to monitor the well-being of children and families and to develop resource mobilization strategies. An integrated plan for basic services that benefits the most vulnerable children and their families will be developed and multisectoral teams established. The assessment and evaluation of existing local models of community involvement and action will be crucial to promoting resource mobilization and leveraging nationwide expansion. UNICEF will support *Makhallas* and local officials in the development and implementation of these action plans for improved basic social services.

40. A focus on family and community empowerment will help at least at least 80 per cent of families in 15 *rayons* of six *oblasts* to adopt improved child-rearing practices. The physical integrity and dignity of the child will be respected by local institutions (schools, law enforcement bodies) and communities. UNICEF will support communication and social mobilization so that all families in the target areas have better knowledge of appropriate childcare, and to promote behavioural change among families and communities for children's growth, development, participation and protection.

41. In order to encourage demand for and use of quality social services, neighbourhood groups will be established to have a dialogue and cooperate with local authorities. NGOs will assist these groups to plan activities to assist the most vulnerable families. UNICEF will encourage the use by community leaders of the "triple A" methodology (assessment, analysis, action) to improve planning and management of social support.

42. Government counterparts at all levels, including Parliament and other state organizations, will be major partners for this programme. National institutions and independent professional associations will provide support through research and evaluation skills, and such development partners as the Asian Development Bank, the World Bank and USAID will be fully involved in policy development, planning and resource mobilization for expansion of best practices. For the development and elaboration of a strategy for improving living standards, increased participation by

the mass media and civil society in the decision-making processes will be critical. Collaboration will be pursued with United Nations agencies including the United Nations Development Programme, UNFPA and the office of the United Nations High Commissioner for Refugees in strengthening community participation and building local capacities for improved governance.

43. Regular resources will be allocated primarily for family and community empowerment, and building local capacities in selected national priority areas, essential advocacy and communication activities, and research and evaluation. Other resources, if available, will support expansion and scaling up of interventions.

44. **Cross-sectoral costs** cover the basic costs of the country office and include operational expenses, the salaries and travel of certain cross-cutting staff, and additional equipment such as that used for security purposes.

Major partnerships

45. Close collaboration with the Government will provide a strong basis for sustainability of initiatives and will result in policies and legislation that reflect a national commitment to achieving the results of the country programme. Collaboration with local authorities, communities and families will be part of renewed efforts to help them to play a greater role in decision-making. Strong partnerships with civil society, especially NGOs, will be important for success, especially in activities that deal with sensitive cultural and social issues. An alliance with the mass media will be essential for improved advocacy and social mobilization, and for influencing the opinions of decision makers and the attitudes of society at large. The ministerial forums of the Central Asian republics and Kazakhstan for MCH and education will allow sharing of successful experiences and high-level advocacy for policy development. The UNDAF lays the foundation for close cooperation with United Nations agencies and such partners as the Asian Development Bank, the World Bank, and USAID in the areas of health, education, local capacity-building and policy reform for poverty reduction.

46. The Children's Parliament and the young people's *Kamolot* movement have provided opportunities for hundreds of young parliamentarians and many young people to participate in policy decision-making processes.

Monitoring, evaluation and programme management

47. The mid-term and annual reviews will serve as important milestones for monitoring, revising and assessing the progress of the country programme. An integrated monitoring and evaluation plan, linked to a similar plan for the UNDAF, will outline research, monitoring and evaluation plans and activities of the programme of cooperation. These will be revised periodically, in line with international commitments including the Millennium Development Goals, and the goals of *A World Fit for Children*, Education for All and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS. Programmes and projects will be assessed at the subnational level, and models of excellence will be used to promote resource mobilization. Major evaluations are planned for the expanded programme on immunization (in 2005) and the family education programme (in 2007). UNICEF will support an evaluation of the UNDAF in 2008, in collaboration with other United Nations agencies, the Government and national partners. A MICS and a knowledge, attitude, behaviour and practice survey of

young people will be used to measure progress made towards the goals of the country programme. There will be continuous monitoring of the 22 indicators, developed jointly with the Government, which will reflect women's and children's well-being.

48. The Country Programme Coordination Committee, established in 2003 in the Cabinet of Ministers, is responsible for coordinating implementation of the programme through its Steering Committee and individual technical groups. Local inter-agency coordination committees will be established in each of the six priority *oblasts* and 15 *rayons*, which will report to the National Committee.

49. Under the support budget approved by the Executive Board in 2003, UNICEF Uzbekistan has been upgraded to a full country office, and office's human resources strengthened. Within UNICEF, the country management team is responsible for management and coordination of the programme.

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Draft country programme document***

Islamic Republic of Iran

Summary

The Executive Director presents the draft country programme document for the Islamic Republic of Iran for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $7,880,000 from regular resources, subject to the availability of funds, and $5,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	27.8
U5MR (per 1,000 live births)	42
Underweight (% moderate and severe, 1998)	11
Maternal mortality ratio (per 100,000 live births, 1996)	37[a]
Primary school enrolment (% net, male/female, 2000)	78/73
Primary schoolchildren reaching grade 5 (%, 1999)	98[b]
Use of improved drinking water sources (%, 2000)	92
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old, 2000)	14[c]
GNI per capita (US$)	1 710
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	99

[a] The WHO/UNICEF/UNFPA estimate for MMR is 76 per 100,000 live births for the year 2000. This estimate is adjusted for misclassification and underreporting.
[b] Survival rate to grade 4.
[c] DHS 2000.

The situation of children and women

1. The Islamic Republic of Iran has a population of approximately 66 million people. The decade following the Islamic revolution of 1979 saw rapid population growth, and today 38 per cent of the population is between 10 and 25 years of age.

2. Iran ratified the Convention on the Rights of the Child, with general reservations, in 1994 and has reported twice to the Committee on the Rights of the Child. The Optional Protocols to the Convention are in the process of being adopted. In 2003, Parliament approved the signing of the Convention on the Elimination of All Forms of Discrimination against Women.

3. Iran ranks number 106 on the Human Development Index. Social indicators have continued to improve over the last decade and are among the best in the Middle East and North Africa region. Among the improvements: Iran is near to being certified free of iodine deficiency disorders (IDD) and has eradicated polio. Major progress has also been made in widening access to primary health services and primary education and in improving female literacy. Access to community health services is almost universal. Immunization rates for the major killer diseases are above 95 per cent. Growth monitoring and promotion of under-fives has been adopted, but is not yet implemented everywhere. Child and maternal mortality have decreased significantly.

4. Tackling malnutrition and promoting quality childcare practices remain challenges, especially in provinces marked by high disparities. The prevalence of stunting is 15 per cent, and micronutrient deficiencies among children and women are high. Iran's capacity to address malnutrition needs to be strengthened.

5. In education, quality is a major issue, and reform is high on the national agenda. At 27 per cent, the education budget's allocation to primary schooling

significantly trails the 35 per cent allocated to secondary education. However, children in the higher grades, few vocational training opportunities exist. The literacy rate of the population aged 6 years and above has reached 80 per cent (85 per cent for men, 76 per cent for women), but is lower in the poorer provinces, particularly among women. Especially in the 12 priority areas where disparities are prominent, girls lag behind boys in access to school as well as completion, retention and transition to higher levels of education.

6. The prevalence of HIV/AIDS is still less than 0.1 per cent and so far is linked mainly to injecting drug users. However, officials and policy makers have been alerted to the first cases of HIV/AIDS resulting from heterosexual transmission in the general population. This is worrisome, as Iran has no dedicated health services for young people and has cultural barriers against sex education. To avoid a major epidemic, existing initiatives for raising HIV/AIDS-awareness among children and young people need to be accelerated.

7. Iran, like all countries, faces major challenges in identifying and addressing abuse and exploitation of children. Corporal punishment is a major issue. In a recent survey, 20 per cent of children 6 to 11 years old, and 9 per cent of those 12 to 18 years old, said they had been physically punished by their caregivers during the week before the survey. There are also reports of corporal punishment being given in schools and juvenile correctional centres. Child labour is another concern, and it is likely that the number of working children is also rising. Already, an estimated 5 percent of children aged 10-14 are economically active. Child labour is five times more extensive in rural areas than in urban areas.

8. Poverty in Iran follows a disparity pattern. Between 18 and 35 per cent of the population lives in poverty, according to estimates, and approximately 2 million families live on less than US$ 1 a day. Large disparities exist between and within provinces. For example, in Sistan and Baluchistan provinces, only 55 per cent of the population has access to safe water, compared with 83 per cent nationally. The corresponding percentages for illiteracy among children 6 to10 years old are 22 and 4, respectively. The gaps in nutrition indicators and birth registration are similarly wide.

9. Disparities regarding men and women are pronounced. An increasing number of women are entering the workforce, but the unemployment rate of women aged 15-24 years rose from 27 per cent in 1996 to 41 per cent in 2001. For men, the equivalent figures are 20 per cent and 35 per cent. Participation of women in recent elections was very high, but women occupy only 13 out of 290 seats in Parliament, and few ministerial and managerial posts.

10. Iran sent its country report to the Committee on the Rights of the Child in 2000. The Committee's main concern was that a narrow interpretation of the Convention on the Rights of the Child was impeding the fulfilment of human rights and recommended that the Government adopt a national plan of action for the implementation of the Convention. This would include: the establishment of an independent institution for monitoring rights; more training programmes for civil society, children, adolescents, and professional groups working with children; and review of legislation to see where it could be harmonized with the Convention. Steps have been taken in all these areas, but instead of being incorporated into a national plan of action, they are being integrated into social development programmes.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

11. In five provinces, the Ministry of Education introduced more participatory teaching and learning methodologies in primary schools as a result of a Global Education Initiative, and new qualitative assessment mechanisms were developed. Nationwide, textbooks for Farsi, mathematics and science were revised to incorporate methodologies for active learning and life skills. Life skills education for drop-out children, non-enrolled children and adults, the majority being girls and women, was introduced to the Literacy Movement Organization. The country programme focused on education in the disparity provinces, helping more than 10,000 rural working girls and Afghan refugee children to obtain schooling in reading, writing, maths and life skills.

12. Regarding HIV/AIDS, the country programme achieved a major breakthrough in the creation of a comprehensive communication strategy for AIDS-affected children both in and out of school. The materials included cover extra-curricular and curricular school activities, capacity development for behavioural communication and peer education for out-of-school children. In addition, UNICEF was instrumental in the development of the funding proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria, enhancing the opportunities of non-governmental organizations (NGOs) to actively engage in HIV/AIDS.

13. Fifteen health surveys and studies were conducted, including a micronutrient survey and a demographic and health survey. Vaccine planning and forecasting was strengthened to ensure constant availability of supplies, which is crucial in maintaining Iran's polio-free status. In support of the campaign against polio, Ministry of Health staff were trained in surveillance for acute flaccid paralysis and in mopping up. In late 2003, Iran conducted the world's largest campaign to eliminate measles and rubella, exceeding the goal of reaching 33 million children and young people. UNICEF support for this effort included a communication strategy, social mobilization, monitoring and evaluation.

14. Surveys and studies were also conducted on child abuse, on children who live or work on the streets, and on other vulnerable and at-risk children in five disparity provinces; another focus was on children with disabilities. UNICEF advocacy for a change in the child custody law led to an improvement in the custody rights of mothers.

15. Technical support was also provided to the development of a draft juvenile justice code, which has been accepted by the Judiciary but not yet approved by the Parliament, and advocacy for the re-establishment of juvenile courts in Tehran. In most provinces, juvenile centres have been set up, so that offenders are not detained with adults. The differences in the ages of criminal responsibility of girls and boys are gradually disappearing, and there is now a moratorium on capital punishment and flogging.

16. For children in residential care in Tehran, UNICEF supported a telephone helpline, run by the State Welfare Organisation, providing counselling and information about preventing mistreatment. This resulted in a significant decrease in

the number of maltreatment cases. The initiative has been replicated in Tehran by two NGOs and the State Welfare Organization.

17. As the recent earthquake in Bam made clear, Iran is vulnerable to earthquakes, which occur regularly, as do floods and landslides. A large capacity for immediate rescue exists, but improvement is needed in areas such as humanitarian aid management and psychosocial support for children and women, the primary victims. During the country programme period, UNICEF has provided major humanitarian assistance to four emergencies, including Bam, raising $20 million for emergency response. Assistance includes water supply, education and health and nutrition. The main partner in psychosocial-support activities, UNICEF helped to provide specialized counselling to more than 4,000 families. In Bam, UNICEF supported the immediate re-establishment of 26 Child Care Centres, and in Qazvin Province, UNICEF helped to re-establish a safe water supply to five villages demolished in the 2002 earthquake.

18. UNICEF also organized cross-border emergency operations in Iraq and Afghanistan. These included 25 convoys of humanitarian aid for Afghanistan by the end of 2002, and 20 convoys of humanitarian aid for Iraq, in 2003. Among the supplies sent to Iraq were 3.82 million schoolbooks printed in Iran. In addition, 11 international staff from UNICEF Iraq who were evacuated during the crisis worked in Iran before and after the war in 2003.

Lessons learned

19. Given its financial and human resources, Iran has excellent opportunities to take UNICEF-supported programmes to scale. UNICEF should therefore play a catalytic role in developing models for nationwide implementation and policy formulation. This strategy has helped to expand the early childhood development programme, in which Government-run childcare centres in rural areas increased from zero to 3,000 during the programme period.

20. Legislative reform and policy changes require lengthy processes that must be based on realistic goals, strong partnerships and commitment. The successful development of a juvenile justice code started an important process that is bringing national legislation in conformity with the Convention on the Rights of the Child. The partnerships established in this effort should be further strengthened to maintain the momentum and new partnerships should be formed in other protection areas.

21. Efforts to realize the rights of vulnerable and at-risk children are most successful when they use a multi-dimensional approach. This means combining legislative and policy reform with effective enforcement and monitoring on the ground. A decentralized approach is called for, involving communities and local authorities.

22. Whereas the current country programme has sought social development through national channels, the new country programme will take a community-based approach that brings social development closer to the child. By adopting a household focus and positioning itself more concretely at the district level in deprived provinces, the programme aims to have a greater influence on local decision-making and on strengthening the capacity of all those responsible for the well-being of children to help to realize their rights. Since the full participation of children and women is still a new concept in Iran, UNICEF must play a strong role

to promote such participation as well as gender equality in all aspects of development.

23. Collaboration with civil society should be explored further to leverage resources and make progress in realizing children's rights, but NGOs need assistance in becoming more effective, efficient and accountable in programme implementation. The media, highly receptive partners in the promotion of children's rights, will provide especially useful outreach in priority areas.

24. Iran possesses untapped resources in many areas, including technical capability in areas such as IDD, polio eradication, disaster-rescue operations, healthcare systems, and literacy education. Opportunities in Iran for procurement of humanitarian or programme supplies for other countries should also be pursued by UNICEF and other United Nations agencies.

25. The first Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) were developed in 2003. The drafting of the CCA was a cumbersome process, which did not do justice to a number of child rights issues. Clearer terms of reference and indicators are needed to give rights of children and women the importance they deserve. In the future, links between the UNDAF and the achievement of the Millennium Development Goals should also be strengthened.

The country programme, 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Early childhood	2 000	1 500	3 500
Girls' education and women's empowerment	1 000	750	1 750
HIV/AIDS	1 750	2 000	3 750
Child protection	880	1 000	1 880
Planning, coordination, communication and monitoring and evaluation	750	250	1 000
Cross-sectoral costs	1 500	-	1 500
Total	**7 880**	**5 500**	**13 380**

Preparation process

26. The Islamic Republic of Iran-UNICEF country programme of cooperation was prepared in consultation with line Ministries, United Nations agencies and NGOs. UNICEF played a major role in the preparation of the CCA/UNDAF by chairing the national steering committee for the CCA, and the UNDAF working group on social development. The country programme outcomes are included in the UNDAF outcome on Millennium Development Goals implementation and social development. Contributing to the preparation effort was a sub-national consultation held with local authorities, NGOs and the judiciary, in December 2003. The strategies of the 2005-2009 country programme were agreed to in a consultative

meeting held in March 2004 with the Government and NGO partners. In April 2004, a joint strategy meeting was held with other United Nations agencies and governmental and civil society organizations (CSOs).

Goals, key results and strategies

27. The overall goal of the 2005–2009 country programme is to protect and realize the rights of the most vulnerable, marginalized and at-risk girls, boys and women in selected disparity provinces and to ensure that national legislation and policies having direct impact on realizing the rights of children are developed, revised, and enforced. Besides following the human rights approach, the country programme will cover all stages of a child's life, up to18 years of age. The programme's four components are early childhood, girls' education and women's empowerment, HIV/AIDS, and child protection. Further efforts will be made to integrate children's development and protection rights and to ensure that children and adolescents participate in the planning, implementation and monitoring of the country programme. A fifth cross-cutting component is designed to enhance planning, coordination, communication and effectiveness in the use of resources.

28. The 2005-2009 country programme combines development of cost-effective and replicable models at the community level with policy development and legislative reform at the national level. The models will go to scale as soon as they demonstrate major improvement in the well-being of children, participation of children and women, and women's empowerment. Using community-centred capacity development and communication initiatives, community, district, provincial and national authorities will be empowered to assess, analyse and act on issues affecting the rights of children, focusing especially on the rights of girls.

29. Strong emphasis will be placed on making progress in the remote communities in 12 districts of three high-disparity provinces: Sistan & Baluchistan, Hormozgan and West Azerbaijan. These provinces, identified in national surveys as needing the greatest assistance, were also cited by Committee on the Rights of the child as having both low access to basic social services and the most visible violations of children's rights.

30. Building on positive momentum gained in support of the Convention on the Rights of the Child and in the process of ratifying the Convention on the Elimination of All Forms of Discrimination against Women, close collaboration with legislative bodies, members of Parliament, United Nations agencies and civil society will continue to be pursued. UNICEF will support the establishment of a national mechanism for monitoring of the Convention on the Rights of the Child to ensure regular, transparent and participatory reporting on its implementation. Indicators for monitoring the participation of children and women will be developed and included in all annual plans.

31. Expected key results of the country programme, in the 12 priority districts:

(a) By the end of 2009, a coverage of 90 per cent of children in the registration of births in the first three months life and the issuance of birth certificates to families;

(b) By the end of 2009, an enrolment of 50 per cent of children aged 3-5 in quality community-based childcare;

(c) By the end of 2009, a reduction, by 25 per cent of 2004 levels, of moderate child malnutrition and micronutrient deficiencies among girls and boys under five;

(d) By 2009, 75 per cent of girls and boys 10 to 18 years old, possessing information, knowledge and skills on how to protect themselves against HIV/AIDS;

(e) By the end of 2009, adolescent-friendly services available, and a corresponding national policy developed;

(f) By 2009, a 40 per cent increase in primary school completion rates among girls, compared with 2004 rates;

(g) By 2007, a national policy adopted on girls' education, including those who are marginalized and excluded;

(h) By 2009, 40 per cent of women possessing the knowledge and skills to participate regularly in community-level development activities;

(i) By 2007, a code of conduct on child protection, including protection against corporal punishment, is developed and implemented for teachers and workers in health, social welfare and relief;

(j) By 2009, a national communication strategy against child abuse is developed and implemented, and child help lines operate in 12 districts;

(k) By 2007, a national policy and guidelines on community-based planning and data collection, including child participation, is adopted and introduced to authorities at all levels;

(l) By 2007, the translation of lessons learned from immediate and long-term responses to natural disasters into guidelines and policies that are widely communicated.

Relationship to national priorities and the UNDAF

32. The 2005-2009 country programme is based on national priorities, the CCA and the UNDAF, and responds to the agreed UNDAF outcomes, stated as: quality basic education, primary health care and HIV/AIDS prevention and care services become incrementally available for vulnerable and marginalized groups; the rights of children and women to participate in development are fulfilled, and capacity for monitoring the Millennium Development Goals is established at national level.

Relationship to international priorities

33. The proposed programme will contribute to the Millennium Development Goals for reducing child mortality, achieving universal primary education, promoting gender equality and empowering women, and combating HIV/AIDS. It will also addresses the priorities of the UNICEF medium-term strategic plan, focusing in particular on girls' education, early childhood, HIV/AIDS and improved protection of children from abuse. The components on girls' education and HIV/AIDS are fully in line with the corresponding United Nations global initiatives.

Programme components

Early childhood

34. The objective is to protect and realize the rights of children under five to birth registration, health, nutrition and early childhood care in 12 districts in the three disparity provinces and to ensure the development of a national policy on early childhood. The component comprises three projects: (a) birth registration; (b) child health and nutrition; and (c) early childhood.

35. In addition to fulfilling a right in itself, birth registration will assist the community in its planning so that all rights of the child are respected. Regarding health, the monitoring of routine vaccination activities and the strengthening of Iran's capacity in vaccine planning and forecasting will ensure uninterrupted immunization services. Nutrition activities will focus on revitalization of growth monitoring and promotion activities at the community level, especially in areas where malnutrition is salient. Community-based integrated management of childhood illnesses (IMCI), which was piloted during the current country programme, will be further expanded, starting with the 12 districts.

36. Cost-effective models for early childhood programmes and school-preparatory activities will be developed, with a focus on rural areas, and a system will be created to monitor progress. UNICEF will ensure, to the greatest possible extent, that early childhood services for all children remain uninterrupted during emergencies.

Girls' education and women's empowerment

37. The objective of this component is to ensure, in the 12 priority districts, basic quality education for girls aged 6 to 12 and the empowerment of women. The programme aims to reduce disparities in education regarding access, retention, completion and transition for girls. Cost- effective and replicable models will be developed for the provision of quality basic education. The child-friendly school concept will be coupled with interactive learning and teaching methodologies to improve learning opportunities for girls and boys who are disadvantaged because of their economic or ethnic background.

38. The programme will contribute to the development of a national girls' education policy and advocate for special measures for school drop-outs, including second-chance education or vocational training. A dialogue with parents and the community will aim to increase understanding of the importance of girls' education, especially in efforts to prevent early marriages and pregnancies. During emergencies, UNICEF will ensure, to the largest possible extent, that education for all children is uninterrupted and that special attention is paid to protecting girls' right to education.

39. Community-centred capacity development (CCCD) among women will aim at enhancing their negotiation skills, self-esteem and self-confidence. Women will be particularly involved in the monitoring of the enrolment and retention of their children in school, in problem-solving activities and in peer education for reduction of household violence against girls and women. In collaboration with NGOs and women's groups, the programme will support advocacy for the ratification of the Convention on the Elimination of All Forms of Discrimination against Women.

Protection of the rights of girls and women in emergencies will focus on issues of abuse, violence and participation.

HIV/AIDS

40. The objective is to support HIV/AIDS-prevention for girls and boys 6 to 18 years old, both in and out of school. This component includes two projects: HIV/AIDS communication and education, and adolescent-friendly services. In the first project, efforts will be made with the Ministries of Health and Education to integrate preventive messages in primary school curricula and teacher- training packages. In addition, studies will be conducted on the knowledge, attitude and practices regarding HIV/AIDS among children and teachers to assess the impact. Supporting this work will be a comprehensive communication strategy developed in the current programme, to be implemented nationwide. NGOs and youth groups will be given support for peer-education programs HIV/AIDS.

41. Through innovative approaches, the programme aims to develop models for adolescent- friendly services in rural and semi-urban areas in the 12 districts. Counsellors and health workers will be trained in the special needs of adolescents, and information materials and campaigns will be developed to promoting adolescent-friendly services. The programme will also enhance the capacities of teachers, health and social workers, and local officials to encourage the participation of adolescent girls and boys in decision-making related to their development. During emergencies, UNICEF will support HIV/AIDS-prevention activities and adolescent-friendly services and will encourage girls and boys to participate actively in relief and recovery.

Child protection

42 The overall objective is to protect girls and boys of all age groups from abuse, exploitation and violence, within the household, school system and community. This component comprises two projects: legal reform and policy development, and prevention of child abuse. Advocacy will take place for the protection of children from gross rights violations and for the ratification of the Optional Protocols to the Convention on the Rights of the Child as well as for legal reforms and policy development. Through cooperation with a wide range of partners, a nationwide communication strategy for child abuse will be developed, child help lines will be expanded beyond the major cities, and CCCD and monitoring activities will be supported.

43. At the community level, the programme will focus on the creation of a protective environment by strengthening capacities of parents and local authorities to protect children against all forms of abuse and violence.

Planning, coordination, communication and monitoring and evaluation

44. This part of the programme aims to establish national and community-based mechanisms to further realize the rights of children and women. Efforts will be made, in the 12 districts in particular, to strengthen the capacities of children and caregivers in participatory planning and monitoring methods.

45. There are three projects involved: monitoring of implementation of the Convention on the Rights of the Child; planning and coordination; and emergency

preparedness and response. Efforts will be made to support the creation and capacity-building of an independent national institution to monitor and report on implementation of the Convention. The institution will be empowered to receive and address complaints regarding rights violations. A community-based information management system centred on *DevInfo* will also be introduced. This system will use programme indicators, including birth registration data, from the 12 districts to track the situation of children. Major initiatives will focus on enhancing the capacity of those involved in the project, at all levels, in programme planning and coordination.

46. Communication efforts at community and district levels will aim to promote behaviour and attitudes more respectful of the rights of children and women, and key national events will be planned to increase awareness of those rights.

47. Disaster management and emergency planning and response are integrated into this programme. Support will be given to strengthen national capacity and policies in these areas, and to regularly update emergency contingency plans.

Cross-sectoral costs

48. This component will cover overarching costs, including overall programme coordination and supply assistance.

Major partnerships

49. UNICEF will continue strengthening its partnerships with the Ministries of Foreign Affairs, Health, Education and Interior, and the Judiciary. For integrated planning and coordination, partnerships will increasingly involve multi-sectoral working groups that include provincial and district authorities, civil society, children and women. UNICEF will cooperate with local NGOs and CSOs in programme implementation and advocacy.

50. Collaboration with other United Nations agencies will continue within the framework of the UNDAF. This includes cooperation with the World Health Organization on child health and nutrition; with the United Nations Population Fund on participation of girls and women; with the United Nations Educational, Scientific and Cultural Organization on the monitoring achievement of the Education for All goals; with the United Nations Development Programme (UNDP) on monitoring achievement of the Millennium Decade Goals and on disaster preparedness and response; with the Office of the United Nations High Commissioner for Refugees on advocacy for refugee children and women; and with the World Food Programme on school food programmes for girls. UNICEF will actively participate in the United Nations country team thematic group on HIV/AIDS and advocate with UNDP/HABITAT for the child-friendly city initiative in Bam.

Monitoring, evaluation and programme management

51. This will involve a wide variety of partners, from the community to national levels. An integrated monitoring and evaluation plan will guide implementation, research and evaluation. As part of this research, in 2004, a survey will be conducted in the 12 disparity districts to generate baseline data on all relevant indicators. Management of the country programme will rest with a multi-sectoral country programme management team, who will conduct quarterly, mid-year and

annual reviews. This team will contribute to the major mid-term review of the country programme, to be held in 2007. In addition, multi-sectoral district implementation teams will be established to report on progress to provincial and national authorities and to UNICEF.

52. The country programme management plan outlines the staffing structure of the office, the major roles of its respective sections and units, the management and operational modalities, and how major risks and control functions will be addressed.

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Draft country programme document***

Iraq

Summary

The Executive Director presents the draft country programme document for Iraq for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,872,000 from regular resources, subject to the availability of funds, and $196,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2006.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.
** E/ICEF/2004/8.
*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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*Basic data** *(2002 unless otherwise stated)*	
Child population (millions, under 18 years)	11.8
U5MR (per 1,000 live births)	125
Underweight (%, moderate and severe, 2000)	16
Maternal mortality ratio (per 100,000 live births, 2000)	290
Primary school attendance (% net, male/female, 2000)	83/70
Primary school children reaching grade 5 (%, 2000)	89
Use of improved drinking water sources (%, 2000)	85
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old, 2000)	8**
GNI per capita (US$)	***
One-year-olds immunized against DPT3 (%)	81
One-year-olds immunized against measles (%)	90

* Data precede the 2003 war; provisional results from ongoing surveys have substantially guided formulation of this country programme document.

** Northern Iraq only.

***World Bank estimated range is $736 to $2,935.

The situation of children and women

1. Iraq is striving to emerge from a protracted period of severe disruption: war, despotism and deprivation have stunted what should have been a period of growth and development. While so many countries made tangible progress for children during the 1990s, Iraq's child survival, development and protection indicators mainly declined. The 2003 war added to Iraq's problems, but also presented opportunities: a new, more inclusive constitution will be developed; Iraq should have its first truly representational, elected government; and implementation of the 2004-2006 Iraq Reconstruction and Rehabilitation Programme (IRRP) is beginning during 2004, helping to secure the stability and progress denied Iraqis for so long.

2. Iraq ratified the Convention on the Rights of the Child in 1994, but has yet to fully implement the concluding observations of the Committee on the Rights of the Child made in 1998. Iraq also ratified the Convention on the Elimination of All Forms of Discrimination against Women and adopted a goal of 25 per cent for women's representation in the National Assembly, as referred to in the Transitional Administrative Law, signed in March 2003. However, the Committee on the Elimination of Discrimination against Women has recently raised concerns about the need to ensure that full consideration be given to the Convention on the Elimination of All Forms of Discrimination against Women with regard to the situation of women in Iraq, especially following a recent attempt to repeal established civil statutes relating to marriage, divorce, child custody and inheritance.

3. Data collection and analysis were restricted for most of the 1990s. Moreover, the three northern governorates have not been included in national statistics since the 1991 Gulf War. However, evidence provided by a recent series of UNICEF-supported surveys and studies confirmed that children and women suffered the brunt

of war and sanctions. These studies and surveys included an infant and child mortality survey in 1999, two multiple indicator cluster surveys (MICS) in 1996/2000, and a situation analysis in 2002. These culminated in the compilation of "Watching Briefs", put together with the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO), on health and nutrition, education, water and sanitation, child protection and HIV/AIDS.

4. The infant mortality rate (IMR) and under-five mortality rate (U5MR) in southern and central Iraq increased dramatically between 1989 and 1999, from 47 per 1,000 live births to 107 per 1000 live births, and from 56 per 1,000 live births to 131 per 1,000 live births, respectively. However, in the three northern governorates, IMR declined from 64 to 50 per 1,000 live births, and U5MR from 80 to 72 per 1,000 live births, over the same period. Major reported causes of death were diarrhoeal diseases and acute respiratory infections, exacerbated by undernutrition and low birthweight. Malnutrition rates increased as sanctions took hold, with the 1996 MICS recording around 23 per cent prevalence of underweight, 32 per cent of stunting and 11 per cent of wasting. The nutrition strategy of the Oil-for-Food Programme (OFFP), based in around 3,000 community-based child care units (CCCUs), was instrumental in redressing this problem, with prevalence in the worst-affected southern and central areas dropping, by 2002, to around 9 per cent underweight, 23 per cent stunting and 4 per cent wasting.

5. The Maternal mortality ratio (MMR) increased from 117 per 100,000 live births in 1989 to 290 per 100,000 in 2000. Most maternal deaths (61 per cent) occurred soon after delivery or during pregnancy (24 per cent), with nearly two out of three deliveries taking place away from health institutions. Only 550 of Iraq's 1,700 public hospitals/health centres are equipped for emergency obstetric care. Poor birth outcomes result from inadequate referral of women to health facilities, maternal anaemia, low birthweight, a mother's short intervals between births, and early marriage.

6. Neglect of the education sector during the 1990s reversed most prior gains. The 2000 MICS revealed that around 24 per cent of primary school-aged children were not attending school, the percentage higher for girls (32 per cent of girls) than boys nationally, and even more pronounced in rural areas, where 51 per cent of girls were not attending school. Due to high drop out rates, the proportion of children enrolled in grade 6 was only 45 per cent of that in grade 1. Lack of space in schools, economic hardship and lack of teacher motivation are primary causes of drop out.

7. Early childhood development received insufficient attention and focused on institutions. Iraq has only 600 pre-primary schools, and enrolment in these decreased in southern and central Iraq, from 79,000 children in 1991 to 68,000 in 2001. Despite the destruction and looting of the 2003 war, the school system was quickly restarted, and 95 per cent of registered primary and secondary students sat their final exams in July 2003. Teachers' salaries rose, from $3-5 per month during the period of sanctions to $60-180 in 2003. Post-war assessment indicated that 80 per cent of schools do not have functional water and sanitation systems, and 12,000 schools needed rehabilitation. Sustainable increases in enrolment, attendance and retention rates are also needed, linked to upgrading of teacher skills and the development of a new child-focused curriculum.

8. Access to potable water services had peaked by 1990, at 95 per cent for urban, and 75 per cent for rural, populations. By 2000, however, this had dropped to 92 per cent and 46 per cent, respectively. Sanitation coverage was also high in 1990, particularly in urban areas, where 75 per cent of the population had sewage/septic tank connections. Although Baghdad is still so served, the system has been disrupted. Only 9 per cent of the urban population outside Baghdad has systematic access to these services, while rural areas and the North do not have piped sewerage systems. Declining coverage is due to infrastructure damage, reduced investment and an exodus of qualified personnel. Solid waste collection has also deteriorated. Difficulties in re-establishing the power grid adversely affect water supply. While repairing the water and sanitation network is ongoing, reform of the sector requires addressing issues of water conservation and management, quality, hygiene promotion, community participation and equity.

9. Laws and institutions exist for the protection and rehabilitation of child victims of violence, abuse and exploitation and those deprived of primary caregivers (including orphans, children with disabilities, working children and children who live or work on the streets, and children in conflict with the law). However, there is limited knowledge of the incidence of the phenomena as well as limited assessment and analysis of the protective environment. One step in this direction is the national review of the Juvenile Justice System and Penal Code undertaken.

10. Regional sample surveys indicate rising numbers of working children and those who live or work on the streets as well as incidences of substance abuse and violence. These are associated with breakdowns in law and order, the rise of local gangs and organized crime, and the ready availability of weapons. The currently low HIV/AIDS prevalence rate, less than 0.1 per cent, can only increase in this context. Household poverty has prompted more children to abandon school and seek menial, often exploitative, jobs to support their families. Continuing insecurity has resulted in many girls and women being kidnapped or raped as well as restricted movement of the populace and a reluctance of families to send their daughters to school. Youth participation has been accepted for a long time, but only with close control over and manipulation of youth activities. The collapse of such control has created a void. It is imperative that sufficient opportunities be created for meaningful youth participation in promoting their own well-being and development.

11. Iraq's macroeconomic outlook will be positive once security is stabilized. The latest analysis of the World Bank projects that Iraq's gross domestic product will increase by 33 per cent in 2004, to $17-22 billion. This would translate roughly into $620 to $810 per capita. Oil revenues should reach $12 billion in 2004, although most of this will be needed for recurrent costs. Economic reforms have liberalized pricing, except for energy and rationed foods, but need to be carefully paced and sequenced, with adequate safety-net measures developed to protect vulnerable groups. The macroeconomy must be managed more effectively and transparently, with more of the Iraqi population deriving benefit. High unemployment — estimated at around 30 per cent — is a major social issue. The supplemental allocation by the United States of $18.6 billion, and the United Nations/International Financial Institutions budget of $4 billion for the IRRP represent important commitments for reconstruction and development. Nevertheless, nearly half of national sectoral needs remain unfunded. Recovery of Iraqi sovereignty is a critical milestone in Iraq's road-map to stability, full reconstruction and rehabilitation, and successful development.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

12. The country programme of cooperation for 2002-2004 (E/ICEF/2001/P/L.71) supported child survival, protection and development within the context of ongoing sanctions and the OFFP. It ensured continued focus on children and women during a particularly difficult period. After implementation was effectively suspended in March 2003, upon the renewal of war, UNICEF restarted operations in May, mitigating immediate effects on children and women. Their post-war needs were described in the UNICEF Crisis Appeal for Iraqi children and the overall United Nations Humanitarian Appeal for Iraq. Successful advocacy resulted in more than 90 per cent funding of these appeals. Although activities were again disrupted by the August bombing of the Canal Hotel in Baghdad, essential operations have continued inside Iraq, through the work of national staff and by contractual arrangements.

13. During 2002, and especially just prior to the 2003 war, UNICEF upgraded emergency preparedness and response capacity. Bearing in mind core corporate commitments (CCC), UNICEF facilitated the pre-positioning of supplies, trained staff and developed early collaboration agreements with non-governmental organization (NGO) partners, so that immediate needs for potable water, immunization, management of malnutrition, resumption of schools and protection for the most vulnerable children could be met. As soon as major combat ended, UNICEF supported national initiatives to reopen schools, by providing school kits, funding the printing of 15 million exam booklets, and campaigning widely for the 2002/2003 school year not to be lost.

14. Immunization services were also re-initiated shortly after the war. Vaccine supplies were quickly replenished and the cold chain restored by July, enabling vaccination campaigns to begin. An early return to near-routine immunization has thus been possible, and the risk of disease-spread, especially measles outbreaks, averted. Water-borne disease incidence, during conditions which could easily have led to sharp increases in diarrhoeal disease, was also kept low, following rapid interventions to provide potable water and repair sewage facilities.

15. While rapid response interventions were clearly needed, there was also great need for current, accurate information to support appropriate planning and policy decision-making. A child protection assessment, conducted with NGOs in mid-2003, was the first of its kind in Iraq and provided a sound basis on which to focus interventions and to identify opportunities for youth participation. The innovative "Watching Briefs" now serve as an effective baseline in the major social sectors, against which current plans are being formulated and future progress can be monitored.

16. Many key results were achieved during the OFFP, although these cannot be directly attributed to the UNICEF country programme. The OFFP helped to arrest declining trends in the health and well-being of children and women and to improve the situation of children and women in northern Iraq, where the United Nations directly implemented the programme. UNICEF was the lead agency for health and nutrition, education, water and sanitation and child protection.

17. In health and nutrition, results included promoting school health in 80 per cent of primary schools, maintaining the country's polio-free status, increasing use of iodized salt to 85 per cent of households, establishing 360 additional growth-monitoring units, 260 more CCCUs and 13 new nutritional rehabilitation centres. These efforts helped to produce a drop in malnutrition rates, from approximately 37 per cent in 1994 to approximately 11 per cent in 2000. In education, essential school and student supplies were provided to 3,300 schools, benefiting 32,000 teachers and 600,000 pupils, and two printing presses for local textbook production were established. In addition, 605 primary schools and 44 kindergartens were rehabilitated. In water and sanitation, 30 urban projects and 1,400 rural projects were completed. In child protection, support was provided to 23 child-care facilities, institutionalized children were reintegrated into the family environment as soon as possible, and psychological care training was given to 200 volunteers and 1,500 child care staff. War damage was minimal in the north, and the anticipated flow of refugees and internally displaced persons did not materialize. The OFFP was closed in November 2003.

18. During late 2003/2004, UNICEF has identified and seized opportunities for advancing programme implementation inside Iraq, despite the prevalent insecurity and the travel and movement restrictions this imposes. A critical result achieved has been the heightened security networking and timely and rapid decision-making processes established to support programme implementation, without jeopardizing the safety of UNICEF staff and programme partners. Substantial upgrades have been made to information management and flow and connectivity between staff operational in Baghdad, Basra and Erbil, supported from Amman, Jordan.

Lessons learned

19. Prior country programmes have largely responded to needs rather than address underlying causes. The OFFP, emergency appeals and the current IRRP have tended to reinforce this trend. The next programme of cooperation should initiate a more rights-based approach to programming, while continuing to meet needs through the IRRP. The 2005-2006 programme period will enable greater engagement with the new Iraqi Government towards a full-length programme from 2007 onwards.

20. Sectoral approaches to programming have also tended to be reactive. While the need for rapid responses has required this approach, more attention to intersectoral coordination could create synergistic impact and promote more holistic development. Although the IRRP has adopted more of an intersectoral approach through its thematic clusters, the new country programme should be able to advance this coordination, and more closely link several of these clusters.

21. Essential strategic elements of capacity-building and advocacy and communication were paid less attention within recent programmes than was service delivery, and this limited the sustainability of interventions. A more carefully planned balance between main strategic components of the country programme should achieve longer-lasting and more effective impact.

22. Iraq has substantial regional variations. While governance has long been centrally monopolized, there are clear opportunities and advantages for decentralized programming, which involves working more closely with subnational entities, and communities themselves. During recent emergency responses, the involvement of communities was crucial in quickly restoring education, reviving the

CCCUs, and opening drop-in centres for working youth and those who live or work on the street. This involvement requires a sufficient UNICEF subnational presence in the south and north, as well as in Baghdad, optimally linking subnational with national programme efforts.

23. Continuing insecurity will be disruptive. However, the situation can be managed in a manner allowing programme implementation to proceed. Efforts should be made to build on the recent positive experience in close networking and enhanced connectivity among staff and with partners, enabling critical staff movement under clearer security provisions. These efforts will continue to be coordinated with other United Nations agencies. Prudent management of communications and media interaction must also continue, to minimize risk of undue exposure to UNICEF staff.

The country programme, 2005-2006

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources**	*Total*
Survival and growth	600	14 400	15 000
Learning and development	550	65 250	65 800
Water and sanitation	550	81 000	81 550
Protection, participation, planning and communication	1 100	16 380	17 480
Cross-sectoral costs	1 072	19 670	20 742
Total	**3 872**	**196 700**	**200 572**

* These figures include amounts expected to be managed by UNICEF, via the IRRP.

Preparation process

24. The regular preparation process for a country programme has not been possible in the unique circumstances Iraq has faced during 2003/2004. However, these circumstances have not precluded sufficient interaction of those concerned and wide participation in the process. Standard procedures had to be modified. Complementary meetings were held outside of Iraq, at regional headquarters, concurrently with information-dissemination and feedback activities within the country. The "Watching Briefs" were considered sufficiently detailed and analytical to serve as a Situation Assessment/Analysis. Three major planning and strategy meetings then led to the preparation of this country programme document. Opportunities were also seized during the preparation of the IRRP, to discuss issues and priorities with Iraqi national programme partners and other United Nations agency staff. The views of key NGOs and donors have also been sought, and included to the extent possible. Although direct youth participation was not possible during the final planning period, the priorities identified by the 3 million votes cast by Iraqis in the 'Say Yes for Children' campaign were fully taken into consideration.

Goal, key results and strategies

25. The overall goal of the programme of cooperation is to catalyse the promotion and protection of the rights of Iraqi children and women, enhancing their survival, development, protection and participation prospects.

26. The expected key results will be: (a) incorporation of the provisions and requirements of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in the new national constitution and related legislation now being developed; (b) increased quantity and quality of heath care services, leading to reductions in mortality rates of infants, children and women, and reductions in malnutrition rates; (c) increased immunization coverage; (d) increased net enrolment and retention rates at primary and intermediate school levels, with a reduction of gender disparities; (e) improved quality of education and learning; (f) increased access to potable water and safe sanitation; (g) development of a more protective environment for children and youth, including access to information on HIV/AIDS; and (h) provision of more opportunities for child and youth participation, including in sports activities.

27. Main strategies will be: (a) technical and material support for service-delivery needs, especially urgent rehabilitation needs; (b) maintaining and enhancing a closely monitored security and emergency-preparedness and response capacity; (c) focused reduction of gender and geographical disparities; (d) promotion of gender issues, ensuring gender-responsiveness of all programming; (e) the strengthening of capacity-building and technical and material assistance for enhancement of national data systems and policy development; (f) advocacy for more rights-based, holistic and intersectoral programming for children and women; (g) advocacy and technical assistance for the development of legal frameworks to promote and protect the rights of children and women; (h) effective, fine-tuned communications, promoting full implementation of rights; and (i) advocacy and capacity-building within the United Nations country team for integrated programming.

28. In light of the very high proportion of other resources planned for the country programme, relative to regular resources, the latter will be used strategically for the most critical programme components, including concerted advocacy for the acquisition of sufficient other resources.

Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)

29. The 2005-2006 programme of cooperation will complement and consolidate national development priorities and the supportive plans of the United Nations, while fully taking into consideration the prevailing security and political imperatives. The emerging priorities and policies of government Ministries closely associated with the country programme (Planning & Development Cooperation, Health, Education, Public Works and Baghdad Mayoralty, and Labour and Social Affairs) have also been considered; implementation of the country programme should contribute to ongoing development of these priorities and policies.

30. There is no UNDAF for Iraq. Rather, the principles and modalities for developing a Common Country Assessment (CCA) and UNDAF were applied during the preparation process of the United Nations Strategy for Assistance to Iraq,

which supports the IRRP. This country programme will contribute to the successful implementation of the IRRP, and will facilitate the efficient management of donor contributions pledged or committed to the IRRP and identified as the responsibility of UNICEF for utilization and implementation. Each of the component programmes described below will include a specific project for this purpose. UNICEF leads two IRRP clusters (Education and Culture, and Water and Sanitation), and participates in all other clusters.

Relationship to international priorities

31. The country programme will support Iraq's rapid reconstruction and development — a priority both for Iraq and the regional and international community. It will also support Iraq's progress towards attainment of the Millennium Development Goals. These goals are: reducing poverty and malnutrition; ensuring enhanced primary education; promoting gender equality; reducing child and maternal mortality; combating HIV/AIDS; increasing access to safe water; and promoting partnership for the development of children and women. The programme will address the UNICEF medium-term strategic plan (MTSP) priorities and advance realization of *A World Fit for Children*, for which a national partnership on behalf of Iraqi children will be promoted. The UNICEF CCC in emergencies will be respected.

Programme components

Survival and growth

32. The survival and growth programme will comprise two main projects. A maternal, infant and child survival project will help ensure the best start to life, reducing MMR, IMR and U5MR from current levels, and improving the health and nutritional status of children and women. Key expected results will be: (a) focused rehabilitation of health-service infrastructure, greater resource allocations to the health sector and re-motivated health staff, thereby expanding access to and improving the quality of basic health and nutrition services; (b) promotion of safe motherhood practices, and improved antenatal care and emergency obstetric care; (c) expanded interventions to address low birthweight, vitamin A deficiency, stunting and anaemia; (d) adequate iodine intake through universal salt iodization; (e) strengthened immunization 'plus' services (including vitamin A supplementation) achieved and polio-free status maintained; and (f) a policy for prevention of mother-to-child transmission of HIV/AIDS established and implemented, ensuring that capacity for voluntary counselling, care and testing is strengthened, and advice on infant feeding provided. A nutrition and early childhood stimulation project will build upon infant and child survival, ensuring optimal growth and development up to the age of entry into primary school.

33. Key expected results will be: (a) strengthened convergence of health and nutrition activities, and their correlation with other sectoral interventions (e.g., via school health and hygiene education); (b) Ministry of Health capacity built for policy development and prioritization; (c) optimal infant and young child feeding and care practices promoted, extending baby-friendly principles to the community and household levels; (d) household health care behaviour and practices enhanced through development of communication materials, ongoing nutrition support for more effective growth monitoring, common disease prevention, good hygiene and

early care-seeking when needed; and (e) as part of an Early Childhood strategy spanning this and the Learning and Development programme described below, wider promotion of practices that stimulate optimal cognitive and psychosocial development, including better parenting.

34. The survival and growth programme will directly support implementation of the health cluster of the IRRP and attainment of its main objective — to enhance the Iraqi health system so that it can provide health care that is prevention- and evidence-based, equitable, of high quality, accessible and affordable.

Learning and development

35. The learning and development programme will comprise two main projects, the first being an education rehabilitation project that will help address rehabilitation needs. Key expected results of this project include: (a) enhanced service-delivery capacity of the Ministry of Education, especially for reconstruction and rehabilitation of primary schools; (b) strengthened formal primary and intermediate level education to increase net enrolment, while reducing gender disparities; (c) reduction in drop out rates; (d) catch-up opportunities provided to out-of-school children and youth, through mainstreaming of children aged 6 to 14 years into formal education facilities, and the organization of alternative learning opportunities for youth aged 15 to 18 years.

36. The second project, early childhood and enhanced learning, will help ensure quality early childhood development and learning at more child-friendly schools, with pupils acquiring at least the minimum established learning levels. Key expected results include: (a) development and implementation of appropriate early stimulation and learning programmes; (b) increased government capacity to deliver quality education services; (c) increased participation of children in quality education through both formal and alternative channels; (d) strengthened parent, community and child participation in educational activities; (e) and closer partnerships established with government and other partners at central and decentralized levels.

37. The learning and development programme will directly support implementation of the education and culture cluster of the IRRP and attainment of its main objective — the provision of quality education for all. This involves re-engaging the whole population in education, ensuring clear linkages between the education system and the needs of the country, and maximizing the capacity of national institutions and officials to underpin and sustain key interventions.

Water and sanitation

38. The Water and Sanitation (WatSan) programme will comprise two main projects. First, a WatSan rehabilitation project will help address reconstruction needs in the sector, in close collaboration with partners involved in the IRRP. Key expected results include: (a) increased access to safe drinking water and proper sanitation, which will contribute to reduced mortality and morbidity and improved nutritional status of children; (b) enhanced urban water supply through an initial focus on leak-reduction, supplemented by increasing capacity; (c) increased water supply and sanitation in rural communities through a demand-responsive approach; (d) and increased sanitation and hygiene-education coverage in schools, focused on those with highest gender disparities.

39. A second project, WatSan policy and systems support, will complement the latter by creating a more enabling environment for sustainable interventions. Key expected results include: (a) enhanced capacity for promotion of the most cost-effective options for water and sanitation improvements; (b) broadened technology options available for rural water and sanitation interventions; (c) strengthened government capacity to establish sustainable water and sanitation systems and promote hygiene in a decentralized manner; (d) more labour-intensive systems developed for urban waste disposal, maximizing the resource-use of such waste; (e) improved hygiene through participatory behaviour change and social marketing techniques, and augmented by information dissemination; (f) decentralization of capacity and systems towards greater community participation and co-management; and (g) improved management and surveillance, supported by a geographic-based information system.

40. The WatSan programme will directly support implementation of the Water and Sanitation cluster of the IRRP, and attainment of its main objective — the development of a decentralized management system for the sector, with strong public and private partnerships and community involvement, particularly of women, and completing reconstruction of water and sanitation systems.

Protection, participation, planning and communication

41. The protection, participation, planning and communication programme will comprise two main projects. The first, a protection project, will help address issues facing Iraqi children, as identified in the latest child protection assessment. Key expected results include: (a) the development of social policies for the protection of children and youth; (b) the establishment of access systems and mechanisms of preventive and rehabilitative services for children who need special protection; (c) promotion of participatory approaches for child protection at institutional and community levels, enhancing partnerships, especially with NGOs and community-based organizations; and (d) reducing the number of casualties caused by mines and unexploded ordnance through effective risk-education.

42. A second project, on participation, planning and communication, will provide cross-cutting support for all programmes and projects in this area, promoting a greater awareness and respect for the rights of children and women based on the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women. This project will foster the participation and visibility of children and youth as effective rights advocates and contributors to national development. Key expected results include: (a) effective participation of children, youth and women in health and nutrition, education, water and sanitation and protection activities; (b) enhanced planning capacity for rights-based programming for children and women, especially within the Ministry of Planning & Development Cooperation and the Central Statistics Organization; (c) increasing awareness on the rights of children and women as central to the achievement of the Millennium Development Goals; (d) optimization of overall programme implementation through more effective planning and communication, utilizing innovative communication tools; and (e) advocacy support for Iraqi children and women through development and dissemination of appropriate information kits.

43. The protection, participation, planning and communication programme will support implementation of two IRRP clusters: (a) the Governance and Civil Society

cluster, the main objective of which is to create an enabling environment for Iraqi people and institutions so that interaction can take place in a vibrant, participatory and transparent manner; and (b) the Mine Action cluster, the main objective of which is to support the rights of Iraqis to live free from the threat of landmines and to receive assistance to become mine free.

Cross-sectoral costs

44. The cross-sectoral costs will cover staff and related operational costs needed to ensure the full implementation of the country programme in the most effective and efficient manner. A Country Programme Management Plan (CPMP) will detail all such costs, including those involving international and national staff. Additional staff may be charged to donors' contributions, given the scope of work related to the IRRP.

Major partnerships

45. The 2005-2006 programme of cooperation will be implemented in close collaboration with Iraqi Government Ministries, other United Nations Agencies, International Financial Institutions, donors, NGOs, civil society, youth representation and other partners. UNICEF will ensure maximum implementation of the IRRP. In addition, UNICEF will promote a national partnership for Iraqi children, as a follow-up to the United Nations General Assembly Special Session on Children. Finally, UNICEF efforts will aim to build the capacity of civil society organizations as partner implementing agencies within Iraq, and work closely with national and international media to promote issues of major relevance and concern to children and women.

Monitoring, evaluation and programme management

46. Regular monitoring of the situation of children and women within the framework of the Millennium Development Goals and the MTSP priorities will be conducted through frequent field missions, routine progress reports and biennial programme reviews. This monitoring will be correlated with regular review of the IRRP. In particular the Integrated Monitoring and Evaluation Plan and the summary results matrix being developed for this country programme will be monitored so that any necessary course corrections can be made in a timely manner. A midterm/annual review will be held in November 2005. Monitoring and evaluation will be a joint responsibility of UNICEF and the Ministry of Development & Planning Cooperation, and through an Inter-Ministerial/Agency Steering Committee will guide the optimal management of the country programme.

47. Several major reviews and evaluations are planned to be conducted during 2004/2005, which will augment the "Watching Briefs" baseline data already available, and result in a comprehensive assessment and analysis of the situation of children and women. The results will then help guide the formulation of the next regular programme of cooperation for Iraq by 2006.

48. The CPMP will include the two subnational offices (in Basra and Erbil) and their staff structures proposed to complement the Baghdad office, as well as provision for exceptional arrangements to retain an Iraq Support Centre in Amman, Jordan, as long as these remain necessary due to security considerations.

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Recommendation for approval to increase the other resources ceiling for the Iraq country programme for 2004

1. The country programme for Iraq for the period 2002-2004 (E/ICEF/2001/P/L.71) was approved by the Executive Board at the second regular session of 2001 (decision 2001/14, E/ICEF/2001/6), with an other resources ceiling of $30,141,000. Given the country's urgent needs for reconstruction and rehabilitation and current indications of proposed funding through the end of 2004, it is expected that the amount of other resources received for the country programme will exceed the previously approved ceiling.

2. The additional resources will be made available via contributions pledged and/or planned for the first year of the 2004-2006 Iraq reconstruction and rehabilitation programme, supported by the United Nations and the international financial institutions through the United Nations strategy for assistance to Iraq and the World Bank Interim Strategy for Iraq.

3. Therefore, the Executive Director recommends that the Executive Board approve an increase in the other resources ceiling for the Iraq country programme for 2004 in the amount of $140,000,000.

* E/ICEF/2004/8.

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